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## ORIGINAL COMMUNICATIONS.

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### CROUP AND DIPHTHERIA.

By ORREN SMITH, M. D., of Chicago.

Croup is usually defined to be an inflammation of the mucous membrane, lining the trachea. But it is not desirable or practical to make this close anatomical limitation to the location of this disease. As the inflammation, when commencing in this location, may extend upward to the lining membrane of the larynx, glottis, epiglottis, and the whole membrane lining the throat and fauces; and downward to the membrane lining the bronchia, to its minute divisions, and even of the air cell. And the inflammation may not stop here, but extend to the substance of the lung itself, or to the submucous tissue of the parts about the trachea and throat; making complications which are of importance to notice in the diagnosis and treatment; as they compass inflammations of the mucous, parenchymatous, and cellular tissue, with the modifications of symptoms, and lesions consequent upon the different localities and the laws of inflammation, when affecting such different structures. Nor is it necessary that this inflammation should always commence in the lining membrane of the trachea, for it may commence in the larynx or throat, and extend downward to the locality of croup, or it may commence below and extend upward to the same, and still give all the phenomena of croup with its different stages.

Croup, when not complicated with lesions of structures above named, is simply an inflammation of the mucous membrane of

particular *grades*, as I will attempt to show, and has nothing in its phenomena to authorize its being called *specific* in any acceptance of that term.

It is true, that when croup destroys life, it does so by producing asphyxia, and its consequent congestions and lesions; and these congestions and lesions are in no respect different from those which follow asphyxia from drowning or hanging, except they are more slowly produced, and the consequent congestions may be more strongly marked. It is very seldom, if ever, that the constitutional effects of the inflammation destroy life in croup. Therefore, it is the interference with the function of respiration which we fear, and should guard against. The same amount of inflammation may exist in the mucous membrane of the nasal passages, and be comparatively harmless, even when the membrane lining such passage is so much swollen as to perfectly close the passage, and respiration is performed through the mouth; and still we feel safe, because the blood may still be properly changed; and the constitutional effects are not sufficient to produce fatal lesions. But previously to the age of puberty, and this is almost always the age for croup, the parts about the trachea and larynx are not developed to that degree that they can bear to have the calibre of the trachea closed to any considerable extent without endangering life; and this is an age also when all inflammations are active and rapid in their phenomena and terminations. So that the rapidity with which this disease produces changes, is no evidence of any specific character. And the fatal character of the disease depends more upon this want of development, and the rapid pathological changes incident to the age of the patient, than to any thing peculiar in the phenomena of the disease itself. And it may be further added, that this disease observes all the phenomena which belong to inflammations in these structures, and none others.

And it is the different *stages* of common inflammation, and its complications with the several structures above named, that we should study to diagnose and understand, if we would treat croup successfully. And this leads me to inquire what are the stages of inflammation found in croup? I answer:—

First. The lowest grade of inflammatory excitement found in mucous membranes, one in which there is a want of the ordinary mucous secretion of the membrane involved, and being located about the chordæ vocales and organs of voice, in addition to dryness of the membrane, causes a spasmodic contraction of those parts, and imitates by paroxysms the true croup respiration. And in this stage some slight circumstance, like a change of the temperature of the atmosphere, or a drink of cold water, or warm tea, may so modify the action of the mucous membrane involved, as to restore secretions of a normal character, and carry the pathological action back to a physiological one; and with restoration of function, the spasmodic character may cease entirely, and the ordinary phenomena of catarrhal secretion completely restore normal conditions. This then would be known as spasmodic croup, and depends upon both a low grade of inflammation, and a location over parts liable to muscular spasmodic action. For if the grade of inflammation was high, the muscular tissue beneath would be to a greater or less extent involved, and we all know that muscular fibre when involved in inflammation, not only loses its power of spasmodic action, but the ordinary force of common contraction also. But when this low grade of inflammation is located about the larynx, we get this spasmodic warning early in the inflammation, and at a time when some slight indication, as before intimated, may restore the healthy condition. But it is, nevertheless, inflammation, and the spasm only a consequence, a symptom.

But if the early inflammation is located in the trachea, below the larynx, it may pass along unnoticed until the general symptoms of inflammation demand notice, or the parts become so changed by the force of inflammatory action and intensity of disease, as to make the second grade of inflammatory action, or true croup, as it has been called by writers.

This, instead of being a disease of trifling importance, becomes one of grave character, and demands for successful treatment clear and distinct ideas of its pathological character and therapeutic indications, and a knowledge or ability to distinguish when those indications are answered.

In this second grade of croup the inflammation is more intense, probably lower in the trachea, and of longer duration when we are first called to see the case, and the parts involved more changed by pathological action than we would find in the first grade of croup. Here the pulse becomes accelerated and hard, and this hardness of the pulse in all the early stages of croup, before congestions occur from the want of decarbonization of the blood, becomes one of the best criteria to judge of the case and its progress; for so long as the pulse continues *hard*, we have no positive evidence of the safety of the patient, even although the croup may for a time lose its peculiar croup character. When this grade of inflammation has continued a length of time, a secretion containing more albumen or fibrin than pertains to ordinary mucous, is thrown out of the vessels of the inflamed membrane; and is simply the result of the ordinary processes of inflammatory action, is common and analogous in all inflammatory actions of mucous membranes, whether in the nasal passages, trachea, stomach, bowels, or vagina. And we have its analogue in all those inflammations called phlegmonous in the cellular tissue, where something like this same material is thrown from the blood around the parts involved in the inflammation; also in acute rheumatic inflammation, and sub-acute or chronic; also in the earlier stages before the exudation becomes organized. In short, it is the effort of the system for repair, and the only fault with nature is, that the material for repair is thrown into a dangerous locality, because space for it can not be tolerated; hence, in cases where the inflammation is not severe enough to cause a sufficient amount of deposit to be thrown out to fatally block the trachea, the processes of nature are sometimes sufficient for a cure; and this is more common in children who are sufficiently advanced towards puberty to have some increased development of the trachea.

This second character of croup often creeps insiduously upon the patient, and is overlooked, or not appreciated, until the disease has made much progress; for the reason, as before stated, that it is wanting in spasmodic character, and beside, it often has an apparent remission in the morning and fore-



part of the day, and sometimes leads friends to think that the severity of the disease is passed when such is not the fact. The peculiar croup membrane, or diphtheric deposit, is dense in proportion to the severity of the inflammation up to a certain point of inflammation, beyond which we have another character of secretion and exudation, as we shall have occasion to notice. When this deposit is first thrown upon the inflamed membrane, it may have barely enough tenacity to adhere to the inflamed surface, but the air in respiration is passed hurriedly over it, and it looses continually its water of solution, hence, is continually growing denser from this cause upon the outer surface; while an increased and increasing inflammation makes it more dense upon the inner surface also. And when the membrane once begins to form, this process is to go on in this manner until life is destroyed, or the disease arrested by medication; or in some rare and favorable cases, as before intimated, where fortunate chemical changes take place in the deposit. As for instance, when a still higher grade of inflammation causes pus to be thrown between the fibrinous deposit and the inflamed membrane, thus separating and detaching the cause of danger; or perhaps this same result may be obtained by the long contact of the false membrane with the mucous surface, acting like a foreign substance to induce pus secretion. Cures have undoubtedly followed pus secretion from this mode of action, when the inflamed surface was not too extensive, or did not extend to the minute divisions of the bronchia. But this condition should never be aimed at as a method of cure.

The more extensive the seat of inflammation, the more dangerous does the disease become; and especially when it extends downward into the sub-divisions of the bronchia and air cells. In which case the disease requires the most active and energetic treatment which the patient can bear.

And the same when the inflammation extends to the sub-mucous or areolar tissue, whether the first of the inflammation is in the mucous membrane of the trachea, larynx, or fauces, or whether it commences in the areolar tissue, and extends to the mucous membrane, this complication is a dangerous one when not duly understood and appreciated, as is evidenced

by the every day occurrence of death from diphtheria, which is nothing more than an inflammation of the areolar tissue beneath the mucous membrane of the parts above named, of an erysipelatous character perhaps; whether it takes the erysipelatous character from the fact that the adjacent inflamed mucous membrane drains the blood of fibrin, or whether the inflammation is originally of the erysipelatous character, instead of the phlegmonous, is not my purpose to stop to inquire; but rather to make such suggestions as may, if possible, tend to lessen the mortality attending this complication of inflammation, as well as of uncomplicated croup. For I certainly feel warranted in saying, that the mortality in either is generally of a much larger ratio than should be found in this age of medical science; and its treatment should be based upon true pathological and therapeutic principles. When inflammation of areolar tissue about the throat occurs, especially if it be of the diffuse kind, it rapidly extends to the sheaths of large blood vessels and nerves of the part, and through these sheaths their contents must be more or less affected, and no physician need be told the importance of these parts to life, or the danger to the individual when they are subjected to active inflammation; or of the rapidity with which such inflammation must destroy life. Hence those sudden deaths which occur in diphtheria are what might be expected when we see important parts involved in a rapid inflammation. The rapidity of the extension of the inflammation shows it to be of diffuse character, while the diphtheric deposit upon the mucous membrane shows the grade of inflammation, as I have before attempted to show.

It is also true, that if the inflammation is not too active, and the resistant powers of the constitution are pretty good, that this inflammation may continue until ulceration of the mucous tissue and sub-cutaneous tissue occurs, and thus constitute what has been called malignant ulcerated throat; and in nothing differing from those laws of pathology which govern all cases of this kind of inflammatory action when located in parts so important. We could find the same grade of inflammatory action in the nose, in the rectum, and in the vagina, and feel no particular apprehension for the life of the patient, for the

reasons that the same exudation upon the mucous membrane of the parts would not destroy life mechanically, or its extension in their own immediate neighborhood find organs so delicate and important to life as the par vagum.

This, then, is always in the onset an active inflammation of a rapid and dangerous character, both from the intensity of the disease, and the importance of the secretion, and especially when diphtheritic deposit blocks the trachea; or the functions of the par vagum are invaded by acute inflammation. In the latter case it too often happens that the pulse, respiration, and vital functions simulate debility, or rather the nervous functions and power of the lungs, heart, and stomach are depressed, while there is enough of vitality of the sympathetic nerves to keep up the local inflammation which goes on to the destruction of life, while the vital powers seem feeble and exhausted, and indeed are so for the want of the full force of their accustomed nervous functions. Hence, we may get fatal congestions of vital organs as a result of enervation, dependent on the causes above named. But it is active inflammation. And when such a liability occurs, we are to treat both the local inflammation, and whatever there may be of congestion.

This being an active inflammation, is to be cured by remedies, and not watched and guided through a certain succession of phenomena like small pox, measles, and scarlet fever. But it requires active and adequate treatment. A treatment that is sufficient to arrest inflammation; and any antiphlogistic treatment which falls short of this result operates to exhaust the patient, without arresting the disease, and absolutely shortens the period of the patient's existence; when a more energetic treatment would comparatively free the patient from danger in both croup and diphtheria.

Nor is a tonic course to be tolerated in either, and it could just as soon be tolerated in croup as in diphtheria. Neither should the doctrine of specific remedies, or empiricism, be justified in any one in this enlightened age, when a rational pathology and its therapeutic indications are attainable by all who are fit to practice medicine. Indeed I would pity the man who treats either of these diseases by giving a remedy

because it is *good* in this disease; who has an idea that certain remedies thrown into the system, will course the circles of circulation, and follow the nervous expansions to their ultimate termination, searching for the offending particles of disease as a ferret searches for rats in a hay stack, and having found the offending material, proceeds by some *hocos pocos* arrangement to give battle; be the particles of disease much, and of the remedy small, or *vice versa*, or with an idea that as the combat rages more remedy is to be thrown in from time to time, until it has searched and routed the whole disease from the system; my credulity is not large enough to endow any remedy found in the *materia medica* with intelligence and discretion beyond what a physician ought to have. Hence, I take the ground that the physician should know the disease in its different stages of structure and indications of cure.

And the first indication is to arrest the force of, and equalize the circulation. Second, restore normal secretion of the mucous membrane, and all secreting organs.

The older members of the profession can remember when it was considered necessary to bleed for all active inflammations, and that the amount of blood taken was of less importance than the impression made on the general system, and to get the full effect of bleeding as an antiphlogistic, it was necessary to place the patient upright, and take blood in a full stream until approaching syncope was felt; or in other words, suddenly abstract blood until the heart and muscular coat of the arteries failed to contract fast enough to keep that pressure upon the brain necessary to vitality; and this was to be repeated again in a few hours if the pulse became hard, and a complete reaction had taken place; and it was the extent of the impression made upon the brain and nervous functions—not the lessening of the quantity of the blood—that gave efficiency to the practice. It was the *enervating* effect that was sought by the remedy. With the march of improvement, since the resources of medication are better known, physicians do not find it necessary to bleed in active inflammations as formerly, and hence, even those who regard this as a highly inflammatory disease, have generally substituted some medication instead.

And although all, or nearly all, agree to lay aside the lancet in this condition of the mucous membrane; the profession are not agreed in the medication of this condition. Hence, the empiricism used in the treatment by those who would be aggrieved to be called *empirics*, and still they publish over their own signatures cures made by this and that remedy, leaving the full impression with the reader that the remedy knew more of the disease than the physician who prescribed it; and all that was necessary was to get a sufficient amount of the remedy into the system, and it would either like a chemical neutralizer destroy the disease, or the disease was invulnerable and not to be destroyed.

But if my premises are correct, we have a definite object to accomplish, and sufficient data and land-marks to know when they are accomplished.

The first then, may be the general enervation of the system to that degree necessary to arrest inflammation. And we all know that tartarized antimony possesses this power in an eminent degree; and to produce this effect of enervation it should be given in the manner indicated by the Italians, by the term "*tolerance*," not with a view to its emetic effect, for the reason, that when once you have got the stomach to reject medicine, you have lost all control of the disease by medication, if the case is a severe one; and so of cathartics. I have been called in consultation in bad cases of croup, and founded my prognosis entirely upon the fact of emesis or catharsis, having, or not having been induced, and can now recollect of no instance in which a judgment founded upon these premises was not sustained,—not that every case that is "puked" or "physicked" will die, because often either of these, or a less potent medication may arrest cases of mild croup in the incipient stages of the disease. In a bad case of croup, the antimony alone may not be sufficient to reduce the inflammation as speedily as may be desirable; in such cases we have an invaluable auxillary in the *veratrum viride*, a medicine which, when properly taken, operates directly to arrest the power of the nervous functions, and through this the force of the circulation. With these two remedies all inflammations of the air passages may be speedily

subdued, if given before the period of congestions from the want of proper changes in the blood.

The antimony, then, is to be given in a dose just short of nausea, and may be repeated in fifteen minutes if the case is an urgent one, and after two or three doses are given, it can be borne in three or four times its ordinary dose if necessary, and without emesis, provided fluids are sparingly used. Given in this way it is a powerful sedative; it breaks down and prevents the formation of fibrine in the blood, and causes a thin aqueous secretion to be thrown from the inflamed vessels, instead of the fibrinous one which forms the false membrane; and when this membrane is formed, detaches it by being exuded between the mucous membrane and the deposit. Thus this medication operates for a three-fold purpose; to arrest the formation of fibrine; to arrest the inflammation, and to detach the membrane when formed. And it only needs the argument of experience and careful observation to be convinced of these facts. And from three to six hours are usually sufficient to accomplish these results. When the false membrane is once formed, there may be two ways of getting rid of it; the one above named, and in this way may also be included the slower process where the inflammation subsides by a slower process, and this state of secretion takes place more slowly; and where the false membrane becomes softened by incipient decomposition, and its solution, or partial solution, in the secretions of the more healthy membranes around it. And the second is where the inflammation passes to a higher grade, and *pus* is formed after the false membrane is deposited, and this *pus* being formed on the surface of the mucous membrane, and in those emunctories which have thrown out the fibrinous deposit, necessarily detaches the membrane. And it is not improbable that a long continued contact of the false membrane with the inflamed surface, operates like any other foreign substance to induce a *pus* formation beneath it. And hence *natures* operations may be even here restorative, where the amount of deposit is not too large, or the trachea is large enough to tolerate the secretion, and the inflammation does not extend too far toward the air cells.



Most of those cases where the membrane is detached after several days, are probably of this class of pus detachment. In a case of croup in a child two or three years old, we may not unfrequently find the pulse hard and frequent, to the number of one hundred and fifty even; in these cases there is no definite dose of veratrum to be given, but only the effect of the remedy is to govern the dose, and that effect should be to bring the pulse to be *soft*, and ten to twenty less in frequency than the healthy rate, and when this is done, with these remedies carefully given and watched, the inflammation speedily subsides.

Different preparations of mercury have long been used in this disease, some specifically, some empirically, according to the physicians notions, or having no notions of the pathology of this disease. Judicious administration of the mercurials may assist to break down the fibrine of the blood, if needed, but they are less speedy in their operations than the remedies named for this purpose, and when any of the harsher preparations operate as *energatives*, they do so by the *irritant* effect on the mucous membrane of the stomach, producing nausea; and not by any direct effect on the nervous structures and function as in the remedies named. Hence, although they, like a thousand other things, may cure croup, they are not a scientific legitimate prescription.

External applications are often used in croup with advantage, or disadvantage, according to the selections made. In croup, until the system is brought under the influence of remedies, the skin is dry, hot and harsh, and is in a pathological condition, and its removal is one of the steps toward arresting the inflammation. Perhaps nothing tends more quickly to induce the action sought than the "hydropathic warm bath," applied around the throat and upper part of the chest; to do which let some four or five thicknesses of common cotton cloth be wrung from very cold water so dry that it will not drip, spread smoothly over the skin above named, and cover quickly with cotton batting or wadding, sufficiently thick to keep the wet cloth warm; it speedily opens the pores, abstracts the heat, relieves the tension of the arteries, and is in fact a powerful antiphlogistic.

The snuff plaster, made of snuff and lard, has long been used in this disease, more as a popular remedy than one prescribed by physicians: perhaps when the skin is not too dry to absorb the strength of the tobacco, it has been of some use in enervating the system generally, and thus operate to some extent as an arterial sedative. It cannot be needed where the veratrum is used. Mustard, pepper, salt, or any other remedy which operates to stimulate the parts, does harm by constricting the already too tense vessels of the part; so of blisters, early in the disease. Warm applications about the throat are of doubtful value; they may, it is true, relax the skin, but they invite more blood to the part without any corresponding benefit.

The instances in croup which demand tracheotomy are of very rare occurrence; it can only be used where the obstruction is in the larynx, or when the loose diphtheritic deposit in the trachea is of such size or form as to prevent its being passed through the larynx.

And I can conceive of no condition which would justify me in opening the trachea for the purpose of medicated injections, when as good results can be more speedily obtained by general medication. And I am of the same opinion in the laryngeal variety of croup.

We have often an inflammation of the fauces, pharynx, larynx, and subjacent areolar tissue, called diphtheria, in which we have this same deposit of the results of inflammation upon the mucous membrane, while the inflammation is extended to the parts beneath. I apprehend there is often an error in making up the mind of the true pathology of this disease, for so long as the mucous membrane is in such a state of inflammation as to throw out the diphtheritic deposit, it is most certainly sthenic, or rather, inflammatory action, as in no other condition of the mucous membrane is this deposit thrown out; and I find it very *hard* to understand when the mucous membrane is in this particular and definable state of inflammation, how the contiguous areolar tissue can be suffering from asthenic action, or disease of debility; or in other words, how parts not one-fiftieth of an inch distant can be suffering, the one from

active inflammation, and the other from the want of even normal tone. Nor do I believe that such a condition ever exists. But that the sub-mucous tissue is affected with inflammatory action the same as the mucous membrane, and that the same treatment which is efficient to remove the inflammation of the one, will remove it in the other also. And so long as there is any tendency to the diphtheric deposit, there should be no doubt as to the sthenic or asthenic character of the disease. And it not unfrequently happens, that in a case which has a hard *small* pulse, one so small as even to make many doubt the sthenic character of the disease, that under the influence of the remedies above indicated the pulse becomes full, slow, and soft, with all of the consequent accompanying phenomena; while under a tonic course the pulse becomes harder and smaller as inflammation advances, until congestion of vital organs ensues.

In croup many depend upon the stimulant expectorants in the early stages; as upon the compound known through the country, and retailed from almost every druggist under the name of "Hive Syrup," a thing, which but for the emetic tartar it contains would be so obviously pernicious as to be universally discarded.

I would only add that the squills and seneka, and all like remedies, have no place in curing active inflammations of mucous membranes.

We have certain epidemic conditions of the circulating fluids which sometimes terminate in erysipelatous action; this erysipelas may show itself in the cellular tissue of the throat, or any other part, as of a leg or an arm; and is a malignant disease in which the vital powers of the part affected, rapidly, sometimes in less than twelve hours, pass into a state of gangrene and decomposition, with but a very short period of pain, and with but very slight general excitement. When in the throat it may be called malignant sore throat, and is quite a different thing from diphtheria.

In diphtheria we have an active antiphlogistic in the use of the solution of nitrate of silver, applied to the inflamed parts by means of the probang. The solution should be at least

twenty grains to the ounce; and after the skin is moist by the remedies before named, a few applications completely relieve the soreness and remaining inflammation by its power of lessening the nervous sensibility of the inflamed part, and contracting the congested capillaries to their normal condition.

The duration of diphtheric inflammation depends upon the character and efficiency of the treatment. If treated from the first with tonics and specifics, the duration may be for days and weeks. If treated as above indicated, a few hours suffices to arrest the inflammation, and a day or two more for its cure.

And with regard to debility—the bug-bear which has destroyed its thousands—there is none of it, so long as the peculiar diphtheric deposit is manifested, whether in the fauces, larynx, or trachea; and this deposit alone may be taken as evidence of active inflammation.

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#### BENIGN CARTILAGINOUS TUMORS.

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By E. ANDREWS, M. D.,

Professor of Surgery in Medical Department Lind University.

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Mr. C.—, had a cartilaginous tumor upon the first phalanx of the thumb. When it had attained the size of a black walnut, it was excised by some practitioner, who not being aware that these tumors generally originate from the interior of the bone, simply shaved it off even, and closed up the wound. The consequence was a recurrence of the growth, which in a little time attained its original size. In this state it came under my notice, and I recommended a more thorough extirpation. This was accomplished by laying bare the tumor, cutting off the projecting part, and then gouging out the base which occupied the anterior and interior portions of the shaft of the phalanx. A considerable portion of the bone was thus sacrificed. The wound was then closed and healed by granulation, and the cure was permanent.

Case 2.—Mr. D.—, presented himself with a cartilaginous tumor upon the first phalanx of the index finger, of the size of a large hickory nut. I made an incision through the integuments and laid bare the tumor. It presented a beautiful illustration of the fact that these growths usually originate in the interior of the bone. It had projected from its nidus, carrying before it the periosteum, and derived from that membrane a delicate shell of bone as thin as an egg-shell. Upon removing the tumor, I found the interior to be pure cartilage, subdivided into lobules. The base of the tumor extended into the interior of the bone through an opening, and I was obliged to remove the whole anterior surface of the phalanx, and two-thirds of its thickness, before I could extirpate the cartilage completely. A good deal of inflammation followed, and a large abscess formed in the vicinity, but the result was favorable, and after several months no signs of a return of the tumor were visible.

These tumors generally make their appearance upon the anterior face of the phalanx. Hence, in the operation for removal, the flexor tendons are laid bare, and the wound will seldom unite by first intention; the tendons are entangled in granulations, and adhere to their sheaths. The motions of the second and third joints of the finger, therefore, will be impaired. In view of this result, it is scarcely worth while to recommend very early removal of the growth, unless it be found so situated that the extirpation can be accomplished without exposing the tendons.

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#### CORRESPONDENCE ON TYPHOID FEVER.

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PROF. DAVIS:

Dear Sir:—Permit me to address a few lines to you on the subject of an epidemic prevailing in this neighborhood. Ever since last September, *typhoid fever* was prevailing in a locality where heretofore disease was almost a stranger—one of the healthiest places in this western country. High rolling

prairie, at the edge of a beautiful grove, always dry, and no stream near, or anything else which might cause disease. The patients are mostly young persons, sons and daughters of good and substantial farmers, who were always healthy, and who live on good and wholesome diet. Those are the persons mostly affected.

The disease last fall and through the winter was of a regular typhoid character, and was easily controled—but few died. They generally ran from two to four weeks, and then slowly got well. I pursued the treatment which you pursued some five years ago, and with the very best success. Had some forty cases, and only three died.

But about the first of March, the disease took on another form, and about the half of the number who were attacked died in ten days after taking their bed.

The patient, before he takes his bed, complains of being chilly for several days, alternating with fever; also some headache, and aching in the bones. Bowels move four or five times a day. He now feels bad and takes his bed, and sends for a doctor. The doctor sees him; patient tells him he is not much sick—thinks he has no fever, (he looks rather pale and bilious.) But the doctor takes hold of his arm, and finds his pulse 120 to 130, and small; tells him to protrude his tongue, and he tries to protrude, but as often, perhaps, as he gets it out it goes right back, and is in a shaking motion all the time. Furred in the middle, with a heavy remittent coat; contracted at tip, and red around the edges. Bowels somewhat swollen, and perhaps a little tender to the touch; but not often that he complains of pain. The skin is dry and husky; sometimes sweats profusely, and extremities cold, and finger nails bluish; this may be the fourth or fifth day, and after that time the skin becomes hot and dry, and no sweating after that time.

There is also *subsultus tendinum*, and twitching of the muscles to a very great degree, and very restless; throws himself from one side of the bed to the other. If you ask him, well, how are you to-day? He replies sensible—well I don't think I am very bad, I feel comfortable; but is inclined to dose and sleep; is not much delirious through the day, if any, but some at



night. Sleeps a few hours, and then wakes somewhat confused; takes his medicine, lays down, and perhaps doses awhile again rather comfortable; and so he goes on from day to day. The attendants think often he is getting better, but about the tenth day suddenly the breathing becomes stertorous, and he dies in a few hours without a struggle. Often about the time they are dying they are vomiting black matter, something like coffee dregs.

I look upon this disease as not being the ordinary typhoid fever of the West. It is more malignant and more contagious. Whole families have it one after another—then it will affect the neighbors and those that watch with the patient. They are alarmed and so am I. The usual remedies will not be effectual, and nothing else that I called into requisition seems to have any special influence over the disease. Will you please tell us what to do.

Yours truly,

J. A. BRENNEMAN, M. D.

*Davistown, Stephenson Co., Ill.* }  
March 10th, 1860.

*Remarks.*—It is always difficult for the practising physician to form a satisfactory opinion concerning the special character of any given case or series of cases of disease from a written description. No language can convey an adequate idea of the physiognomy, the attitude, the movements, etc., of the patient; yet a just appreciation of these is often essential to the formation of a correct opinion. From the symptoms detailed in the foregoing letter, and the high ratio of mortality, it is evident that the disease described is something different from simple typhoid fever. The description reminds us of what some of the older writers called "congestive typhus." If we might venture an opinion in reference to the nature of the cases described by Dr. Brenneman, we should say that they were characterized by the co-existence of two prominent and serious pathological conditions.

The first consists in a highly congested condition of the mucous membrane of the intestines, as indicated by the appearances of the tongue, the early diarrhoea, and the subsequent

tender and tympanitic state of the abdomen. The second and co-existing pathological state consists in early and profound depression of the functions of the organic or ganglionic nervous system, indicated by the paleness of the countenance, the small quick pulse, tremulous tongue, and more or less general subsultus.

The existence of the latter pathological condition not only favors the early and extensive softening of the mucous membrane of the ilium, but also greatly favors the early supervention of a *latent* pneumonic engorgement of the lungs. And we are inclined to think that it is by one or the other, or both of these lesions, that the fatal result was reached in so large a proportion of the cases. When the functions of the ganglionic nervous system are much depressed, passive engorgements often occur in important organs, and even determine a fatal result, without being indicated by any of those symptoms which usually accompany the more active congestions of the same structures.

The impaired susceptibilities of such patients very much diminish the acuteness of pain and the consciousness of local disease. From these pathological views we may deduce two leading and important indications for treatment. The one calls for the employment of such remedies as are calculated to allay the morbid sensitiveness, and arrest the tendency to disorganization of the mucous surface of the intestines. The other demands the use of such agents as tend to support the functions of the organic nervous structures, and maintain the vital affinities in all the tissues.

For accomplishing the first, we know of no remedy that proves efficient in a larger proportion of cases, than the combination of Oil of Turpentine and Tincture of Opium, given in the form of an emulsion. It is most easily administered, and least likely to offend the stomach, if prepared as follows :

R	Ol. Terebinth,	3 ii.
	Tinct. Opii,	3 ii.
	Pulv. G. Acaccia, }	aa. 3 iii.
	Sacchar. Alba,	

Rub together thoroughly, and add Aqua Mentha, 3 ii. Shake,

and give a fluid drachm every two, three, or four hours, according to the looseness of the bowels.

For accomplishing the second indication, we rely much on small doses of Quinine, and full doses of the Chlorates of Potassa and Soda. From one to two grains of Sulphate of Quinine, with eight or ten grains of the Chlorates, may be given between each dose of the emulsion. In all such cases of low grade of febrile disease, as described in the foregoing letter, in which the intestinal evacuations are thin and more frequent than natural at the commencement of the disease, we resort to the foregoing remedies early, and carefully abstain from all direct evacuants.

If the skin and conjunctiva are yellow, and the stools clay-colored, indicating an actual retention of the biliary secretion, we would give from one to two grains of Calomel in each of the first four or five doses of the emulsion.

The Quinine and Chlorates, by preserving the blood from degeneration, and increasing its capacity for absorbing oxygen in the lungs, more directly and efficiently sustains the action of the organic nervous structures, and promotes the susceptibility of all the tissues, than any of the so-called diffusible stimulants. While the Oil of Turpentine not only acts locally with the laudanum to lessen the irritability, and increase the tone of the capillaries of the intestinal mucous membrane, but it exerts a well-known sustaining influence over the whole vascular system, such as strongly counteracts passive congestions. Of course the foregoing are mere hints; and whether they are applicable in any degree to the fever prevalent in Dr. Brennenman's neighborhood, could only be determined by a careful personal examination, rationally and *physically*, of the cases as they occur.—[ED. OF THE EXAMINER.]

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"CONCENTRATED ORGANIC MEDICINES."

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By V. L. HURLBUT, M. D., Chicago.

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The object of this article, is to invite the attention of the members of our profession to the "*Concentrated Organic Medicines*," as prepared by B. Keith & Co. I have used these remedies to some considerable extent in my practice—as have others—and they have proven, in every instance, all that is claimed for them. They are *positive in therapeutic power, uniform in strength, prompt in action, and always reliable*. This cannot be said of the Crude articles, nor of the "Fl. Exts.," which I presume all have used more or less, and usually with unsatisfactory results, for very obvious reasons, which every intelligent physician understands.

Although not condemning the use of mercury in toto, ourselves, yet, we all know that there is a deep-rooted prejudice against it, which we have to combat almost every day, and if there is a substitute which will accomplish all that the mineral can, without leaving any of its evil consequences, it would seem to be wise and humane to avail ourselves of it. Furthermore, the plants, flowers, and shrubs, from which these medicines are derived, are indigenous to our soil and climate, which pointedly indicates that nature designated their use in the diseases incident to our climate. We should not disregard the simplest teachings of the ancient mother, for her wondrous arcana has furnished the materials from which science has elaborated the manifold remedies for the legion of fleshy ills which are our heritage. It has doubtless been the indiscriminate and excessive exhibition of mercury, which has caused so many persons to seek a different method of treatment for themselves and families, and surely the profession should keep pace with the people; for of all classes of men, the medical should be characterized by the most enlarged liberality; for no other assumes such fearful responsibilities; they constitute themselves *conservators of health*, consequently of *life*. We that have assumed this position, should better understand and appreciate the near compatibility of "*Organic Medicines*," with the functions of

organic life, and not be so wedded to an *ism* as to be blinded to all light and truth that does not descend in the direct line from Hippocrates. As a profession, we are too apt to be severe in our judgments upon any and everything that may chance to have originated in our own country, and particularly so, if introduced by a sect other than our own; but let the same thing emanate from the "*East*," bearing the prestige of antiquity, and we are very willing to give it at least a fair trial before condemning it.

I do not propose to discuss the *modus operandi* of the "organic remedies," but honestly wish that all our members would give them a thorough and impartial investigation. In expressing this wish, I am prompted by no feeling other than earnest desire—in which I believe you all sympathize—to promote the best interests of our common humanity.

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#### A CASE OF POISONING AND RECOVERY FROM THE USE OF VERATRUM VIRIDE.

By N. O. PEARSON, M. D., Palestine, Ill.

As the *Veratrum Viride* is attracting considerable notoriety in the profession as a therapeutical agent, I shall give the history of a case of poisoning from its use. Mr. G. I., aged 35, of the nervous bilious temperament, and good constitution, was attacked Aug. 27th, 1858. Called to see him two hours from onset of disease.

*Diagnosis.*—He presented many of the symptoms of an ordinary acute attack of bilious fever—in fact I regarded it as such.

*Treatment.*—I first administered a tea-spoonful of the following:

R	Tinct. <i>Veratrum Viride</i> ,	3 ii.
	Spts. Nit. Dulc.	} a.a. 3 i.
	Tinct. <i>Opii Camph.</i>	

Mix. To be given every two hours until fever partially subsided, subsequently every four hours until entirely arrested.

But by mistake on the part of the nurse, it was given every half hour, until three doses were taken.

I was called again to see him six hours from the commencement of treatment, and found him presenting the following symptoms: Great prostration, with continual retching and vomiting; matters vomited white mucous; pulse 24 per minute, full and intermitting every sixth or seventh beat, indicating that the action of the heart was interfered with; respiration slow and laboring; body bathed in a cold perspiration. The cerebral functions were but little disturbed—the mind being clear. He remained in this condition six hours, at the end of which time reaction began to be established.

*Treatment during Paroxysm.*—Large doses of the emulsion of Carb. Ammonia, Opium, and its preparations, were alternately resorted to, together with stimulating applications and frictions, sinapisms of mustard, and hot rocks to the extremities.

*Remarks.*—Knowing that opium and its preparations are claimed as being antidotes in these cases, I availed myself of their administration in the most prodigal manner. How far they acted in correcting the poisoned condition of the system I cannot say. This case was undoubtedly caused by poisoning by veratrum viride, and should teach us to be very cautious in the use of so powerful a remedy. My direction in giving it as a sedative is this: to continue its use every one, two, or three hours, until it produces a livid hue of the cheeks; afterwards gradually diminish or entirely suspend it.

One thing worthy of note is this, that notwithstanding the amount of opium used, the patient had a free bilious evacuation from the bowels, and recovered without any other treatment whatever. Whether nature cured the disease, or the veratrum viride cut it short, I will leave the profession to judge.

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CLINIQUE BY PROF. N. S. DAVIS IN THE MEDICAL DEPARTMENT OF LIND UNIVERSITY.

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Saturday Afternoon, April 4th, 1860.

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Case 1st. *Impetigo of the Face.*—This is a child, aged



about 5 years, light complexion, and delicate features, though not emaciated.

She complains of no sickness, but has an unpleasant eruption over the face, which you see existing in patches; one in front of the left ear, one on the left eye-brow, and one on the nose, with some isolated sores in the intermediate spaces. All the patches are covered with thick light yellow scabs, which have evidently been formed by the drying of matter, and the edges of which over-lap the sound skin, and somewhat obscure the original character of the eruption. These characteristics, however, are easily recognized in many of the isolated sores between the patches. Each of these are seen to consist of a slightly elevated base, surrounded by an areolar redness, in the centre of which is a flattened pustule, filled with pus.—They are thus seen to consist of regular pustules of impetigo. This form of eruption generally attacks children, who have been debilitated by previous disease, or with whom good food, clothing and cleanliness have been more or less neglected. In many cases each pustule passes through its successive stages to complete development in five or six days, becomes covered with a dry scab, which in three or four days more falls off, leaving a pale red cicatrix. In other cases, connected with more decided constitutional derangement, the pustules after coming to maturity, instead of cicatrizing, remain as superficial ulcers, the matter from which constantly drying up, increases the size and thickness of the scabs, until they present the large, thick, light brown color, as seen in the present case.

*Treatment.*—Many cases of this form of eruption, need no other treatment than a proper regulation of diet, and attention to cleanliness. When the disease has been more protracted, and the pustules continue to appear in successive crops, with but little disposition to cicatrize, some degree of medication becomes necessary. What this shall be depends entirely upon the condition of each individual patient; there being no *specific* remedies for this form of cutaneous disease. In the case here present, we find the tongue coated, the bowels inactive, and the appearance of a moderately scrofulous disposition. We shall consequently direct for her a powder of Pulv. Rhei 3 grs.,

and Hydrarg. Cum Creta 2 grs., to be given every night for three successive nights; after which she may take 15 gtts. each of Fluid Ext. of Cinehonæ and of Rheubarb, before breakfast and dinner each day. The object being to produce such a state of the secretions as will expel from the system all foreign and effete material, and to restore a vigorous and healthy action of the digestive organs. Locally, no applications should be made except such as are emollient or directly sedative, unless the scabs fall off, leaving superficial ulcers without any disposition to granulate. In the latter condition, the application once a day, of the solution of Sulphate of Copper, or Sulphate of Iron, of the strength of 4 or 5 grs. to the ounce of water, will often do good. In no case should any of the various stimulating unguents be applied to pustules of impetigo. We have often seen the disease greatly aggravated by the application of Sulphur, either dry or mixed with Cerate. Indeed, it is often produced by the too free use of this article for the cure of Scalies.

Case 2. *Apathæ and Bronchitis.* This is a child 18 months old; fleshy, but with a pale and anxious expression of countenance. The mother says it has had a severe, harsh cough, with some fever, during the whole of the past week. The respiration is short, and accompanied by a coarse mucous ronchus. The fever is much increased every night, and is nearly absent during the morning hours. The pulse is quick, and the tongue covered with a whiteish fur. The mucous membrane of the mouth is more red than natural, and contains several inflamed and ulcerated follicles. It is evident from the harshness of the cough, the mucous ronchus, and the shortness of breath, that the child has a sub-acute grade of bronchial inflammation. And a similar grade of inflammation extends to the mucous membrane of the fauces and mouth. The paleness of the lips and features, with the distinctly paroxysmal character of the fever, shows the addition of another influence which must not be overlooked. During the last two or three weeks, cases of this kind have been of frequent occurrence in this city; so much so as to constitute a moderate epidemic. The attacks among young children have been much the most numerous, though no age has been exempt.

It differs from ordinary simple bronchitis or catarrhal inflammation of the respiratory passages, in the fact that the fever accompanying the cases is almost uniformly remittent in its form, and often bears no strict relation either in its continuance or severity to the grade of the local inflammation.

Gastric and intestinal irritations are also common accompaniments, giving rise to vomiting, diarrhœa, and sometimes to well-marked dysenteric discharges. Owing to these conditions, the ordinary anodyne expectorants so generally resorted to with success in simple catarrhal bronchitis, have almost uniformly failed to relieve these cases, unless used in conjunction with anti-periodics and alteratives. Hence, we shall prescribe for this child as follows, viz :

℞ Sulph. Quinine,	4 grs.
Pulv. Doveri,	4 grs.
Hydrarg. Cum Creta;	4 grs.
Sacchar. Alba,	20 grs.

Mix and divide into four powders, one of which should be given every six hours. Also,

℞ Fluid Ext. Asclepias Tub.	3 j.
Syrup of Ipecac,	3 j.
Tinct. Opii et Camph.	3 j.

Mix and give 30 gtt. every six hours, alternated with the powders.

After the four powders are taken, we will continue for one day longer the Quinine and Dover's Powder without the Hydrarg. Cum Creta. For the apthæ in the mouth we will direct a solution of Chlorate of Potassa, one drachm to three ounces of water, to be used as a gargle.

Case 3. *Asthma*.—This patient is a laboring man, native of Ireland, aged about 55 years. He says he has been afflicted nearly all the past winter with a severe cough, and so much difficulty of breathing during the night as to prevent his taking a recumbent position, and to deprive him of refreshing sleep. You can observe that his face has a slightly bloated aspect; expression sad, and the respiration constantly labored and wheezing. In addition to the constant dyspnœa, he has paroxysms of very great difficulty, when he feels such a sense of suffocation as to be very distressing; and the blood becomes so

imperfectly decarbonized that the lips are livid, the nails leaden color, and the whole countenance bloated and dingy. At the same time the skin becomes cool, relaxed, and covered with perspiration; the pulse small and compressible, and the mind dull.

These paroxysms last from one or two hours to a whole night, and constitute what is commonly called Asthma or Phthisic. But Asthma is no more a disease than dropsy; but merely a symptom depending on some preceding and accompanying pathological condition. This pathological condition may be an organic disease of the heart, by which the circulation of blood through the lungs is disturbed; or it may be a simple morbid condition of the nervous filaments distributed upon the bronchial tubes, by which temporary spasmodic contractions are induced; or it may be a certain grade of inflammation in the bronchial mucous membrane. Hence, when a case of asthma comes before us, the first inquiry must be, what is the special pathological condition on which the paroxysms of dyspnoea depend? This can be answered properly only by a careful examination both in regard to the general symptoms and physical signs. In this patient neither auscultation nor percussion indicate any disease of the heart; but by extending the same kind of examination to the whole chest, we find over the anterior part of both sides a loud, harsh, inspiratory murmur, with a very prolonged wheezing expiratory sound; but neither dulness on percussion, nor broncophony.

Each member of the class in auscultating the chest of this patient, cannot fail to receive the impression that the bronchial mucous membrane is rougher and dryer than natural, and that the air escapes from the lungs with difficulty, as though escaping through tubes both contracted and dry. All this shows the existence of extensive bronchial inflammation, of that peculiar chronic grade which causes a morbid sensitiveness of the surface, with sufficient thickening of the membrane to narrow the calibre of the tubes, and diminished secretion. The absence of dulness over any part of the chest, proves the pulmonary tissue to be free from unnatural density, and consequently free from either tubercles or pneumonia. The indications for

treatment in this case are, to promote an increased secretion from the mucous surface, and to allay the morbid sensitiveness of the nervous filaments connected with the inflamed membrane. The first, by relieving the fulness of the capillaries in the mucous membrane, would lessen the obstruction and the dryness, while the second would prevent those paroxysms of spasmodic action which constitute the distressing periods of dyspnœa. To accomplish both these objects, we shall direct this patient the following:

R Tart. Ant. et Pot., 2 grs.  
Pulv. Opii, 10 grs.  
White Sugar, ℥ii.

Mix and divide into eight powders. Give one powder each morning, noon, tea-time, and bed-time. If after these are all taken the bowels are constipated, we shall give a blue pill, followed by castor oil, sufficient to operate as a mild cathartic. Then give a mixture of Fluid Extract of Lettuce, ℥ii, and Fluid Extract of Lobelia ℥i, in doses of a tea spoonful four times a day. Numerous other combinations might be selected from the numerous expectorants and anodynes embraced in the materia medica, which would be calculated to accomplish the same objects, but we have not time to particularize them at present. The patient should avoid stimulating drinks, and rich or highly seasoned articles of food; and should wear flannel next to the skin. At this clinique, there was presented to the class one case of Tubercular Phthisis; one of intermittent, and another of remittent fever; but our space will not admit a report of these at present.

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#### CLINICAL REPORTS.

Metey Hospital. Service of Dr. N. S. DAVIS. Tuesday, April 24th, 1860.

##### MALE WARD, No. 1.

Case 1. *Broncho-Pneumonia*.—This case was brought to the notice of the class, and fully examined on Thursday last, which was the next day after his admission to the Hospital.

You will remember that his expression of countenance was then anxious and depressed; his breathing labored, with a dry wheezing ronchus; his pulse about 90 per minute and firm; tongue slightly coated with a white fur; and he complained of some nausea, with pain in the cardiac region; a sense of constriction across the chest, and a harsh severe cough, with very little expectoration. You will recollect that on examining him with the stethoscope, you found the respiratory murmur much exaggerated, with a prolonged dry ronchus in expiration over both sides of the chest, except in the mammary and axillary regions of the left side, in which there was strongly marked sub-crepitant rale. The patient then told us that he had been sick with cough, difficulty of breathing, and pain in his chest for two or three months.

We then expressed the opinion that the patient was laboring under a Chronic Bronchitis, by which the bronchial mucous membrane had become thickened, its secretion diminished; and on which had supervened a pneumonic congestion of the middle and lower lobes of the left lung. To relieve these pathological conditions, we then directed for the patient a powder composed of Pulv. Opii  $1\frac{1}{2}$  grs., Tart. Ant. et Pot.  $\frac{1}{4}$  gr., and Hydrarg. Chlorid. Mit. 1 gr., to be given every three hours. He continued these two days, during which time his cough became less severe; expectoration more free; and the pain and tightness in the chest much diminished. The powders were then discontinued, and the following mixture given in their stead:

R	Comp. Honey of Squills, Senega and Ant.	$\frac{3}{4}$ i.
	Tincture of Opium and Camphor,	$\frac{3}{4}$ ii.
	Tincture of Veratrum Viride,	3 i.

Mix, and give a tea spoonful every four hours.

This he has continued until the present time. You now observe no difficulty of breathing while he is at rest, and on applying the stethoscope to the chest, you find no prolonged dry wheezing ronchus on either side, and there is only a slight trace of the sub crepitant rale in the left mammary and axillary regions. The latter regions still show slight dulness on percussion, and the proper inspiratory murmur remains somewhat exaggerated over the infra-clavicular regions. He coughs but



little, and expectorates a thick opaque mucus. It is thus seen that the condition of the pulmonary organs is greatly improved.

On further inquiry we find the patient has frequent pains in the abdomen; a desire to pass urine oftener than natural, with some scalding; and the intestinal discharges, though not more than one or two in the twenty-four hours, yet are watery and unhealthy. The pulse remains a little accelerated and firm. These symptoms indicate a very general irritation of the mucous membranes throughout the system; and may account for the continuance of a *firm* pulse, while the general aspect of the patient is that of debility. The desire to urinate often, with scantiness of that secretion, also suggests the possibility of albuminuria, or Bright's disease of the kidneys.

The latter affection sometimes comes on very insidiously; producing mental despondency, indigestion, cardiac palpitation, and sometimes pulmonary congestions, with so little direct disturbance of the urinary organs, that neither the patient nor his physician suspects the true nature of the case. So true is this, that in all cases of protracted ill-health, or the frequent repetition of attacks of local symptoms without a manifest cause, the practitioner should not only make the usual general inquiries in regard to the urinary secretion, but should subject it to such chemical and microscopic tests as will determine positively its composition and qualities. Hence, we shall have some of this patient's urine saved to-morrow morning for examination, the results of which we will inform you at the next clinique.\* At present we will omit the expectorant and sedative mixture which has been given during the last three days, and give something better calculated to allay the general irritation of the mucous membranes, and to promote a more free and diluted secretion from the kidneys. For these purposes we shall direct the following:

R	Pulv. Gum Benzoin,	3 ii.
	Tinct. Opium,	3 i.
	Pulv. G. Arabac,	} aa. 3 iii.
	White Sugar,	

    Rub together thoroughly, and add

\* On examining the urine before the class the next clinic morning, it was found to contain both an excess of Phosphatic Salts, and a quantity of Albumen.

Syrup of Ipecac,	℥ i.
Mint Water,	℥ i.

Mix, and give a tea-spoonful every four hours. Alao,

R Spts. Nit. Dulc.	℥ ii.
Tinct. Digitalis,	℥ ss.

Mix, and give a tea-spoonful every four hours, alternated with the emulsion. We direct the Benzoin in the emulsion for this patient instead of Oil of Turpentine, because it is less apt to produce nausea, and is almost as reliable in effects on certain morbid conditions of the mucous membranes.

The further progress of the case will be made known to you when you visit the Hospital again.

Case 2. *Sub-acute Rheumatic Inflammation of the Diaphragm.*—This man, aged about 30 years, a laborer, was admitted to the Hospital yesterday. He says he has been subject to pains in his right side for a few days at a time, for the last two years. Though generally located near the lower margin of the ribs, it sometimes changed to the shoulders, and sometimes to the left side. It has not usually been accompanied by fever or cough, and has seldom been sufficiently severe to prevent ordinary labor. Six or seven days since it commenced as usual in the right side, but in a day or two changed to the left, and became unusually severe. In that place it has continued until the present time. His pulse is now 85 per minute, moderately full; his tongue covered with a whitish fur; his skin dry, and slightly warmer than natural; his bowels inactive; his breathing short, with an inclination to dry cough, which is suppressed as much as possible on account of the great aggravation of pain which it induces. The pain at present is located in the region of the attachment of the diaphragm to the ribs from the left side of the spine to near the sternum, and is very greatly aggravated on attempting to take a full breath, or coughing, or making considerable movement of the body in any direction. The pain is also increased at night.

The severity of the pain, its increase by respiration and coughing, and its location in the side, would readily lead to the supposition that the patient had pleuritic inflammation.

While the fact that pains had long existed in the opposite side, changing occasionally to the shoulders and other parts; and that the present attack commenced in the right side; would rather indicate rheumatic inflammation of the diaphragm. Perhaps auscultation and percussion alone can enable us to form an exact differential diagnosis. If pleurisy existed in its first stage we should hear a friction sound on applying the ear or stethoscope to the affected side; if in the second stage accompanied by effusion, we should have either a continuance of the friction or creaking, or decided dulness with absence of respiratory sound, according to whether the effusion was plastic or serous.

On the other hand, if the case be simple rheumatic inflammation, we should find none of these physical signs, but the natural respiratory murmur and the natural resonance, down to the diaphragm. After making a physical exploration, the latter was found to be the case; and consequently that the patient was affected with sub-acute rheumatism in the left portion of the diaphragm. Believing this to be the true diagnosis, we shall prescribe for the patient this morning as follows:

R Vinum Calchici,                    ℥ i.  
Tinct. Cimicifuga, Rac.       ℥ ii.

Mix, and give a teaspoonful every four hours. And at bedtime give a powder containing Pulv. Opium 2 grs., Nit. Potassa 10 grs., and Calomel 1 gr. If the latter does not cause the patient to sleep in two hours, repeat the dose.

The object is to increase all the excretory functions; especially those of the skin and kidneys; and so far destroy the pain as to enable the patient to sleep during the night.

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CHICAGO ACADEMY OF MEDICAL SCIENCES.

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Regular meeting, April 6th, (Friday) 1860.

The minutes of the last meeting were read and approved.

Dr. C. G. Smith, presented a specimen of Schirrus of the

Pylorus for the inspection of the Fellows present. He was unable to give any history of the case.

Dr. V. L. Hurlbut read a paper, urging upon the Fellows of the Academy the propriety of giving a fair trial to the "active principles of medicinal plants, as prepared by B. Keith & Co.," stating that he had used them with success.

Dr. Bevan inquired if among the active principles there was any article which could be substituted for the preparation of mercury, especially in the treatment of venereal diseases.

Dr. Hurlbut replied that there were articles which produced the effects of mercurial preparations, instancing Podophyllin, Leptandrin, and a few others. In the treatment of venereal diseases, he used the *Stillingia* and *Phytolacca*.

Dr. Graham said that he had used these remedies to some extent, but that in his hands they had not accomplished what was promised for them. Podophyllin when used in the doses laid down in Keith's manual, almost always produced unpleasant nausea and griping.

Dr. Hurlbut said that he had met with no unpleasant effects from the use of Podophyllin; he rarely gave more than a quarter of a grain at a dose, unless he wished for a decided cathartic effect, and usually combined it with the *Asclepin*. Another remedy which he considered very valuable was the *Gelseminum*, in doses of not more than half a grain; he considered it preferable to the preparations of opium, in that it left no unpleasant effect. Before using any of these active principles, it was necessary to neutralize any acidity of the stomach that might be present.

Dr. Blake had seen a paper by Prof. Kirtland, in the *Cleveland Medical Journal*, in which he stated that he had used Podophyllin and Leptandrin almost to the exclusion of Mercury. Dr. B. had used them successfully himself.

Dr. Wickersham thought that Prof. Kirtland used them only in cases of torpidity of the Liver.

With reference to Prof. Kirtland's paper, Dr. Ingalls stated that the Ohio Medical Society, discrediting, had refused to publish it.

On motion, the paper of Dr. Hurlbut was referred to the Committee on *Materia Medica*.

Dr. Hamill read a paper (a continuation of one presented at the last meeting) on Sulphate of Quinine and some of its effects.

Dr. Holmes inquired whether any attempt had ever been made to ascertain the amount of moisture thrown off by the human lungs.

Dr. Hamill thought not.

Dr. Bloodgood had read somewhere that the amount of moisture thrown off by insensible perspiration was five pounds in twenty-four hours.

Dr. Ingalls thought it was not safe to assume that there was no moisture thrown off by the skin during fever, because the skin was hot and dry; he thought that there was insensible perspiration.

Dr. Jones asked if Dr. Hamill ever considered Quinine a sudorific.

Dr. Hamill thought that the perspiration, usually following its administration was not an effect of the quinine.

Dr. Bevan had never seen any legitimate tonic effect follow the use of Quinine; he had never known it to have any effect on night sweats even; he considered its effect wholly anti-periodic, and agreed fully with the views of Dr. Hamill.

Dr. Freer expressed his concurrence with the views advanced by Dr. Hamill, as far as related to the practical application of the remedy.

On motion, the paper of Dr. Hamill was referred to the Committee on Practical Medicine.

Dr. Bevan reported a case of Diphtheria; he thought the disease should be treated with general and local anti-phlogistics, notwithstanding the high authorities for an opposite course.

Dr. Byford had seen three cases of diphtheria during the year; he thought that in the treatment of this and similar inflammations, too much stress had been laid on the use of tonics; that it was better to begin the treatment with antiphlogistics, and end by supporting the patient, if necessary. He considered general treatment more important than local applications.

Dr. Freer had seen one case almost identical with that reported by Dr. Bevan. His treatment was the local applica-

tion of Chlorate of Potash and Muriatic Acid every two or three hours, and the internal use of Chlorate of Potash slightly acidulated with Muriatic Acid. The child improved under the treatment, but relapsed in a few days and sunk, with passive hæmorrhage from the bowels. He inquired if passive hæmorrhage was usual in these cases.

Dr. Graham had seen passive hæmorrhage from the nose in two fatal cases. He thought that an antiphlogistic treatment was sometimes necessary in this disease.

Dr. Bevan next reported a fatal case of spasm of the glottis. The only symptoms during life were an occasional interruption of respiration, with slight crowing sound.

Dr. Byford had attended a case a year ago, similar to that reported by Dr. Bevan, except that the crowing respiration was absent.

Dr. C. G. Smith had attended a somewhat similar case, which resulted in laryngismus stridulus. The child after presenting all the symptoms of asphyxia would entirely recover, and continue well for some days, when the spasms would recur. All the anti-spasmodics were used without success. The case passed out of his hands, and he learned afterwards, died in one of the spasms.

Dr. Bevan considered the anti-spasmodics utterly useless in these cases of eclamptic disease. He never found them of any benefit, except where a hysteric tendency was manifested.

The two reports of Dr. Bevan were referred to the Committee on Pathology.

Dr. C. G. Smith read a letter from Dr. Geo. D. Wilbur, of Mineral Point, Wisconsin, which accompanied a package containing a human stomach and liver, and in which the writer requested a report of a microscopical examination of the specimens.

On motion the specimens were referred to the Committee. The Corresponding Secretary was instructed to inform Dr. Wilbur that they had been so disposed of, and to request a history of the case from which they had been taken.

On motion, the President appointed Drs. Rauch, C. G. Smith, Blake, and Bevan, delegates to the State Medical

Society. Drs. Johnson, Ingalls and Rauch, were elected delegates to the National Convention for the revision of the Pharmacopeia.

On motion, adjourned to meet on Friday evening, April 20.

(Signed)

WM. SCOTT DENNISTON,

*Assistant Secretary.*

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### BOOK AND PAMPHLET NOTICES.

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GROSS' SYSTEM OF SURGERY. By Samuel D. Gross, M. D. Published by Blanchard & Lea, Philadelphia.

The high reputation of the author of this work on Surgery, together with its imposing and elaborate form, challenge for it a careful consideration. The work consists of two volumes of about twelve hundred pages each, and is divided into two parts. The first contains a discussion of the general topics of surgery, such as congestion, inflammation, tumors, wounds, etc. The second, and larger part, consists of special surgery arranged by organs, tissues, and regions. The whole is illustrated with about nine hundred wood cuts.

This work is intended to be the most complete system of modern surgery which has been published on this side of the Atlantic. For such a work Dr. Gross has some peculiar qualifications, as well as some minor defects. He has industry, a vast experience, and a power of grasping Titan-like at the summits of his subject without losing himself in the discussion of unnecessary details. His style is sonorous and strong, but sombre and unmusical. It is disfigured also by a few unusual words, such as "timously" and "sakelessly," which are scarcely English, and not euphonic enough to deserve preservation in the language.

The great merit of the work may be stated as follows. It presents surgical science as it exists at the latest date, with all its improvements; and it discusses every topic in due proportion. Nothing is omitted, nothing is in excess.



Particular praise is due to the chapters on the surgery of the eye. In this department specialism has run mad. Authors have swelled their volumes with crude details, and distinguished themselves by the disgusting pedantry of a profession of useless technical terms, literally darkening counsel by words without knowledge. Excessive technicality indicates in a writer two grave defects—ignorance and a shallow intellect. It is the mark of a great mind to master a subject in such a way as to express it in simple language. This mark, Prof. Gross may justly claim. He has stripped away with a relentless hand the miserable collection of pet words which he found enveloping the subject, and by expressing himself in common surgical language, has restored this branch to its proper position. His bold simplification will greatly facilitate the study of the subject by under-graduates, and we hope lead practitioners to attend to their ophthalmic business as confidently and usefully as they do to fractures and dislocations, instead of turning it off to unprincipled quacks.

Whoever expects to find in this work brilliant displays of new discovery, or fine efforts at analysis and reasoning, will be disappointed. Dr. Gross' mind is remarkable rather for strength and cautious judgment than acuteness. The book before us is such as might be expected from such a pen. It omits nothing which is well established, and endorses nothing which is at all doubtful. It is therefore a safe and valuable guide, which will not lead the young surgeon into the pursuit of any wild theories, or doubtful practices.

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A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By FRANK HASTINGS HAMILTON, Prof. of Surgery in the University of Buffalo, etc. BLANCHARD & LEA, Philadelphia.

This is almost the only modern work in the English language which can claim the title of a systematic and full treatise upon dislocations and fractures. Its author is already favorably known in the professional literature of this country. His Fracture Tables, published some years since, giving laborious statistics on the subject of fractures and their results, probably furnish effectual defence to more cases of malpractice perse-

cution than anything that has ever been printed. Indeed the mania for malpractice suits visibly diminished from the time that Dr. Hamilton's work made its appearance in the courts.

The present effort is not statistical, but is intended for a systematic treatise. About five hundred pages are devoted to fractures, their causes, symptoms, treatment, and the apparatus therefor. Two hundred and fifty pages are then assigned to the various dislocations. The whole is illustrated by two hundred and eighty-nine wood cuts.

The illustrations of different kinds of apparatus and dressings are very numerous and valuable, and the clear description of the methods employed are of the utmost use to any one who desires to familiarize himself with this subject.

A work like this is in some respects more useful than translations of foreign treatises, because it gives the latest results of American ingenuity, and practical applications of surgical principles. The American branch of the profession is less profound in thought than the German, and less laborious in pathological research than the French; but it is probably superior to the world in its capacity for applying principles to practice. Hence, some of the finest advances in practical surgery are of American origin, while the great discoveries in principles and in special pathology nearly all come from Europe.

The work before us is eminently American, in that it is essentially practical, and as such we recommend it to our brethren of the surgical profession.

E. A.

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A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE: Comprising the elements of Medical Jurisprudence. By JOHN J. ELWELL, M. D., Member of the Cleveland Bar. "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine; are deficient in essential requisites of their profession."—*David Paul Brown*. New York: JOHN S. VORHEE, No. 22 Nassau Street. 1860.

We were agreeably surprised the other day by receiving the above volume of five hundred and eighty-eight pages, handsomely put up in law binding. And on opening its pages we naturally were anxious to know if the author possessed the qualifications requisite to the accomplishment of the

object proposed. But we soon learned, that in addition to the high position he had attained in the profession of his choice, the advantages of a good medical education, and the experience of several years as a reputable medical practitioner, had been brought to bear in the elaboration of the present work. From a general perusal we are satisfied that the author has rendered valuable service, especially to our profession, by embodying in a concise, complete and comprehensive form, all the well established principles and known authorities, aided by his own thought and experience, upon the subjects of malpractice and medical evidence. In the discussion of the subject of the first part of the work, the author has supplied to the members of the twin professions, a desideratum that is now beginning to be felt, from the frequency, importance, and troublesome character of cases of alleged malpractice.

In the opening chapter, the author proceeds to give the general principles of law applicable to medical responsibilities "as held by the courts of England and this country, with a number of references to adjudicated cases in which medical men have been tried for mal-practice; then in a series of chapters, the difficulties peculiar to our profession, its possibilities and impossibilities; what the general practitioner can do, and what he cannot," are set forth as concisely as possible.

The subjects of amputations, fractures, and dislocations—the treatment of which has always been subject to so many embarrassments to the ordinary practitioner—are fully treated of, and "an exhibit of the present state of the science of Surgery, so that just what should be rightfully expected and required of the surgeon may be understood as far as possible, and what should excuse an imperfect result in his treatment."

We also find an interesting digest of Prof. F. H. Hamilton's able and valuable work on deformities after fractures, and we are satisfied that no one can fully realize the obligations that are due the indefatigable labors of Prof. Hamilton, without a thorough examination and study of the facts and conclusions that are so fully elaborated. The chapter on the responsibilities of Druggists, with leading cases, closes the part of the work devoted to civil malpractice.

Part second is devoted to the consideration of the leading points and subjects involved in medical evidence. The rights and duties of the medical man, while discharging the obligations of a witness, are fully and explicitly set forth in the chapters on the subjects of "Evidence in general; Circumstantial Evidence; the Testimony of Experts; Privileged Witnesses and Communications, and Medical Books as evidence."

"Also all the various medico-legal subjects that are constantly engaging the attention of the courts, and the medical witness," are fully considered. The question of Insanity is examined at considerable length, with important cases; also the subject of Poisoning by Arsenic and Strychnia in particular, with leading cases.

The subjects of Wounds, Rape, and Coroner's Inquests, make up the last part of this interesting volume. In the examination of the above work, will be found but little to criticise, but much to commend, especially as the author claims the consideration of originality in the general plan and discussion of the subjects.

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THE DISEASES OF THE EAR; their Nature, Diagnosis and Treatment. By JOSEPH TOYNBEE, F. R. S. With one hundred engravings. Blanchard & Lea, Philadelphia.

In the preparation of the above work, the author's aim has been to produce a practical treatise on the Diseases of the Ear. We learn that the labors and investigations that are made the basis of the present treatise, have affected more for Aural Pathology than those of all his predecessors either in England or on the Continent. From the list of "Published papers on the Structure, Functions, and Diseases of the Ear," given in the Appendix, we should infer that Mr. Toynbee has labored extensively and with effect, to discover and describe the morbid appearances that disease has produced in this important organ, and has presented an accumulation of facts that must lay the foundation for a more rational mode of treating the special diseases of this organ than has heretofore been resorted to.

The researches of the author substantiate the fact that the great majority of the diseases of the ear, resulting in deafness,

have their origin in inflammation of one kind or another. And as a consequence, if the members of our profession would devote so much of their attention to this subject as its importance demands, there would be no necessity of making these affections a speciality; and the quack advertiser and humbugging specialist would no longer prey upon the unsuspecting and ignorant sufferer.

The above work is to be had at the Book Store of S. C. Griggs & Co., Chicago.

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**THE AMERICAN JOURNAL OF MEDICAL SCIENCES.** Edited by ISAAC HAYS, M. D. Philadelphia: Blanchard & Lea. Price \$5 per year.

There are numerous weekly Journals, recording the passing events of the day, containing valuable reports, and stored with useful communications from members of the profession in all parts of the country. We have also a number of monthlies, the communications to which should be of a higher and more

elaborate character. But notwithstanding all these, there is a necessity for one or more Quarterlies, devoted chiefly to the analysis and reviews of the numerous works that are being issued from the medical press, together with a quarterly summary of the progress of Medicine, Surgery, Midwifery, Anatomy and Physiology, Physiological and Pathological Chemistry and Forensic Medicine. Among these we know of none that so much deserve the patronage and praise of the whole profession as the *American Journal of Medical Sciences*,

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## SELECTIONS.

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*The Auricles of the Heart Act by their Elasticity and Contractility, not by Muscles.*—By Charles Smith, M. D., New Orleans.—To demonstrate this fact, we shall first expose the heart, and then follow the current of blood.

Tie the pulmonary veins above the auricle; perforate the mitral valves of the ventricle, and inject through the aorta, and fill the left ventricle and auricle to their fullest capacity, and lay the preparation aside until perfectly dry; when the auricle will appear transparent as glass, and the ventricle perfectly opaque.

This proof that the auricles have no muscles, or muscular fibres, ought to convince any one who has not committed himself upon the subject. I must confess I have often admitted to my professor that I could see the muscular fibres in the auricles; nor could I contradict it, until I had lectured upon anatomy and physiology myself, and given the subject special attention.

We say, then, that the auricles act, upon the principle of elasticity and contractility, dependent upon the ventricles. During the action or contraction of the ventricles, the auricles are distended with blood and continue so until the reaction of the ventricles, when the blood flows (upon the principle of the laws of fluids) into the ventricle, which again contracts, and propels it into the arteries.

We may simply say here, that, if muscular action were necessary for the purpose of emptying the auricle, the pulmonary veins would have valves, to prevent the regurgitation of blood. But, as yet, none have ever been discovered. In all the course of the circulation, we find valves in proportion to the force applied. Hence we

might reasonably infer that the auricles do not really act—only passively.

The idea, then, that muscular fibres could be seen in the auricles, I believe to be an error that ought to be corrected; and if they can be shown to exist, then it is certain that the circulation of the blood does not obey the laws of force, and motion, and fluids.

If, this view, then, be correct, the auricle is a passive, not an active appendage, and the blood would be acted upon the same as it would in the suction pump, where the column of water is subservient to the action of the piston.

So, in the circulation, the blood in the auricles depends upon the action of the ventricles. If passive, the auricles are only reservoirs, and adapt themselves to the amount of blood required for the use of the ventricles.

In the structure of the heart, we see the vast difference between the right and left ventricles, in the comparative thickness of their parietes and the remarkably great strength of valves, to prevent reflux—all adapted to the two circulations, the general system and the pulmonary.

Now, if it is necessary to provide against regurgitation in one part of the circulation, where active force is used, it must be in all; therefore, if there were any muscular action, or other kind but passive, there would certainly be valves at the auricles, or in the course of the pulmonary veins, otherwise the capillary circulation would be completely arrested, and the grandest object in the circulation defeated.—*N. O. Med. & Sur. Journal.*

*On a new Disinfectant for the Dressing of Gangrenous Wounds, Ulcers, &c.*—The medical faculty of Paris had their interest greatly excited, lately, by the recommendation, by Dr. Demaux and M. Corne (a veterinary surgeon), of a disinfectant which seems to answer its purpose admirably. These gentlemen brought their discovery before the "Academie des Sciences," who appointed Messrs. Cheveul, Velpeau and Cloquet (men whose names are familiar to most of our readers,) a committee to report upon it. On the 18th of July, 1849, this committee handed in the following report, which we have translated, for the benefit of our readers, from the "Gazette Medicale de Paris."

"We have the honor to submit to the Academy of Sciences the results of numerous and varied experiments, made in common; first, in the private practice of one of us, and afterwards equally repeated in common, in the 'Charite Hospital,' in the wards of Professor Velpeau. We confine ourselves to state, in the following propositions, the facts which have, in the main, been confirmed by him, by his students, and by the physicians who attend regularly his lectures:



"1. A gangrenous wound, with abundant and fœtid suppuration, submitted to this new mode of dressing, was at once rid of all disagreeable odor.

"2. After 24 or even 36 hours, the dressing linen of the wound of bad character did not smell more offensively than that of a simple fracture.

"3. An ulcerated cancer, with an ichorous discharge, and with that fœtid odor peculiar to all cancers, was submitted to this dressing. The bad odor disappeared almost instantaneously, and did not return, so long as the dressing was used.

"4. Old ulcers of the legs, dressed in that way, were, with the same facility, deprived of all bad odor.

"5. Dressing linen soaked with fœtid pus, or poultices impregnated with such pus, lost immediately their bad odor when brought into contact with the disinfectant mixture.

"6. Infected liquids—products of gangrene—clots of decomposed blood—sphacelated tissue, in a very advanced state of putrefaction, were at once disinfected by this new remedy.

"The action of the disinfecting substance seems to arrest decomposition; it keeps away the insects and prevents certainly, the production of worms. It may be employed for many other purposes, which we will not mention here. And all these results are obtained by means at once simple, and of easy application; and with substances which can be found every where at a low price. The price of the disinfecting matter, all prepared, is in Paris, about a franc (18 cents,) for 50 kilogrammes (125lb troy). It is in the form of powder, of a grayish color, more or less dark, according to the purity of the ingredients and their proportions, exhaling a slightly bituminous odor. Its composition is as follows:

"Of the common plaster of Paris (reduced to the finest powder), 100 parts; of coal tar (produced by the distillation of coal for the manufacture of gas), 1 to 3 parts,

"These substances can easily be mixed in a mortar.

"The application of this substance for the dressing of wounds, requires some peculiar preparation which we will show presently. If a certain quantity of the above powder be mixed with olive oil, a paste pomatum or ointment may be obtained (according to the quantity of oil used), that will keep any length of time if put up well. This salve is of a dark brown color and bituminous odor.

"The oil binds the powder, without dissolving it, in such a way as to preserve its property (by the gradual elimination of the oil,) of absorbing pus, if brought into contact with suppurating wounds.

"The consistency which it acquires when employed by itself, or with oil as an ointment, is never such as to give the patient any discomfort, or do the wound any injury. The application may be made approximately or immediately, according to the end desired. The immediate application does not produce the least pain. It has even a detersive power, and favors cicatrization.

"This mode of dressing, has the double property of disinfecting

pus, and other morbid products, and of absorbing them. This last circumstance is so much more important, as it enables us to dispense with the use of lint (charpie).”—*Ogiethorpe Medical & Surgical Journal*.

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*Preservation of Bodies for Anatomical Purposes.*—Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligenous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell; the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv*.

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*Uterine Polypus treated by Injections of the Perchloride of Iron.*—Put her upon an energetic course of treatment—tonics and astringent injections, such as acetate of lead, tannin, sulph. zinc, &c. During the treatment we often introduced into the vagina portions of solid ice; also, bits of alum, enveloped in lint, were introduced into the os uteri. Notwithstanding this course of treatment, she continued, with but occasional respite from the hæmorrhage, for between five and six days after we saw her.

Becoming convinced that there must be some cause at the bottom of all this, other than the supposed “change of life,” which, as yet, we had not ascertained, we made as thorough an uterine examination as the condition of the uterus would allow, and detected a soft, fleshy substance—pendulous, apparently, from the fundus uteri. As the neck of the uterus remained rigid, and further dilatation was not practicable, ergot was given in small, repeated doses, as well to arrest the bleeding, as to expel, if possible, what seemed to be the cause of the trouble. Having continued the ergot for some ten or fourteen hours, with ice and astringent injections, and the hæmorrhage continuing—sometimes after a partial cessation, returning in alarming quantities—all our previous efforts to arrest it having failed, we injected the muriated tincture of iron, diluted in one-third mucilage gum-arabic, into the os—continuing the opium

tonic mixture, and ergot during the night.

June 25th, A. M.—found the patient more comfortable—the os so dilated that we introduced the hand into the uterus sufficient to enable us to remove several small pieces of semi-consistent, hepatized flocculi, with some well-defined fibrinous substance, resembling, in part of its formation, the surloin portion of beef, and quite strongly attached to the fundus of the uterus—somewhat larger in its body than a hen's egg, with a vermiform portion extending downward.

The dilatable condition of the uterus at this time, and the ease with which we grasped the tumor, enabled us to remove it without the use of instruments.

During the removal of this body there was considerable hæmorrhage, which was soon arrested by cold injections of alum-water.

It may seem to some that a solution so strong of muriat. tinct. ferri was rather a harsh application, and uncalled for under the premises. The urgency of the case, and the failure of the previous treatment to arrest the discharge, prompted us to resort to this treatment. And then even with the tinct. ferri mur., in its full strength, we are of the opinion that the lubricating secretion thrown out from the mouth of the uterus, would soon form a shield around even this escharotic, and prevent injury to the parts.


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*Florence Nightingale and her "Notes on Nursing."*—The *Medical Times and Gazette* makes the following remarks in regard to this eminent lady and her recently published book:

Nursing the sick has been with her a labor of love; the whole tenor of her writings tends to ennoble that vocation, and to redeem it from the hands of the ignorant, the stupid, and the thoughtless. With noble and most devoted energy she has always endeavored to elevate the calling of the nurse, by bringing thought, intelligence, and study to bear upon her work, and by calling forth the finer feelings of the mind in the exercise of the most humane of all vocations. It is now more than fourteen years since Florence Nightingale began to give her undivided attention to this field of thought and action. Twice has she been in training as a nurse at the Institution of Protestant Deaconesses at Kaiserwerth, on the Rhine. She has studied with the "Sœurs de Charité," in the Hospitals of Paris. She has visited the Hospitals of Berlin, and those of many other towns in Germany, She has visited those of Lyons, Rome, Alexandria, Constantinople, Brussels, and likewise the Hospitals in the chief towns of our own country; but the most extensive sphere of her usefulness, and one where her experience

was most matured, was in our Military Hospitals at Scutari and the Crimea, during the Russian war. Thither she was sent by Mr. Sidney Herbert, then and now Secretary at War, who has the honor and merit of having been the first to appreciate, and to put in a position of public usefulness, the singular abilities of Florence Nightingale. What she succeeded in doing at Scutari and elsewhere for our sick and wounded soldiers is now a matter of history. What she has since done in bringing about sanitary improvements in our own army has still to be recorded. She has never been at rest since her arrival in this country. With such precedents and with such extensive experience, acquired among scenes of most varied suffering, can any one doubt that a written record of her thoughts and ideas regarding the subject of nursing the sick can be other than of the greatest possible public interest? She has undoubtedly ennobled the calling of the nurse, she has made her vocation a labor of love, and has sacrificed her health in the acquisition of her extensive experience. She has brought to bear upon the subject all the energies of an active and highly cultivated intellect, rendered still more energetic by intense enthusiasm in the work. The asperities of business not unfrequently encountered in the rough walks of life through which she has passed, have been at once smoothed down, or have altogether disappeared through the influence of that remarkable tact with which she is so remarkably gifted, directed by a mind the most amiable, gentle and refined. We think, therefore, we are justified in the belief we have expressed, that no other living person than Miss Nightingale, could write a book on nursing such as we have now before us. Every line of it, from the preface to the end, rivets the attention, every paragraph is suggestive, every page carries the reader into a world of thought.—*Medical and Surgical Reporter.*

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 What Sanitary Science has done, and has yet to do, may be gathered from the following facts. The science is quite of modern date; but since the application of its simplest principles, the cleansing of streams, draining of houses, and introduction of pure water, the following evidence of benefits resulting has been given us:—In Liverpool the mortality had fallen from 37 in the 1000 to 27; in Bradford from 28½ to 22; in Gloucester, from 27 to 24. Taking an average of nineteen towns which had been treated in this way, it was found that the death-rate dropped from 28 in the 1000 to 21. Croyden was taken in hand scientifically some time ago; and since then an average of 196 lives have been saved in the town every year! The mortality among the pauper infants and pauper children in the metropolitan unions has been enormously reduced. In the Military School at Chelsea a death-rate of nine in the thousand has been brought down to one of four.

The female prisoners at Brixton, who live under sanitary rules, are three times as healthy as the poor needle-women of London; and at Pentonville, notwithstanding the allowance to be made for moral depression, the death-rate is only one-third of that prevailing in populous towns. But still there is a great work to be done; for as we are told, authoritatively, that at least 100,000 persons die annually in these islands at premature periods, and by preventible deaths; and at least 1,000,000 more are wasted and debilitated from similar causes. Talk of war, indeed! why what battles or contests ever wrought havoc like this—havoc, be it remembered, not occurring at intervals like an exceptional calamity, but carried steadily and incessantly through the ranks of our population? And we have still to remember the lesson taught us by the Crimean war. In that war we lost altogether 20,800 men; but of this number 5000 only were slain by the enemy. All the rest—15,800 soldiers—fell victims to privation and disease.—*London Medical Times & Gazette.*

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*Advantages of the Use of Glycerine in Surgery.*—M. Demarquay, a distinguished hospital surgeon of Paris, has used, and recommends, glycerine in ulcers and fistulous tracts, along which latter it should be injected to fulfil the following indications—viz., to diminish excessive suppuration, cleanse the secreting surfaces, modify the noxious properties of the pus, prevent the stagnation of fluids, or simply to excite the pyogenic membrane, and bring about cicatrization.

Glycerine may be advantageously used in deep abscesses connected with diseased bone, and in such cases the author combines glycerine with iodine, because the former is, alcohol excepted, the best solvent of the latter, and penetrates very powerfully, reaching to a great depth. Glycerine may also be employed in the dressing of scorbutic, scrofulous, syphilitic, and atonic ulcers, either alone or as preparatory to another kind of treatment—viz: compression with straps of adhesive plaster. When used for ulcerated chilblains, glycerine should be extremely pure, because it is apt, when not quite free from foreign substances, to excite very painful inflammation.—*Drug Cir.*

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There exists a substance possessed of powerful and definite properties, and having the remarkable property of restoring to health, or, at all events, of greatly relieving the disordered nervous system of persons suffering from chronic alcoholism: the medicinal agent in question acting efficaciously in cases

where the principal symptom may be either sleeplessness or hallucinations or trembling, or any other, and this substance is *oxide of zinc*.—*Ibid.*

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*Iodized Glycerine in skin diseases.*—This solution is prepared after the following formula:  $\mathcal{R}$  Potassii iodidi, et iodini, each 3 i.; glycerinae, f 3 ij. Add the iodide of potassium to the glycerine, and when solution is effected, add the iodine. A few minutes' agitation will cause a perfect dissolution.

This solution has the great advantage over alcoholic solutions of not drying; in consequence the surfaces remain supple, and the absorption and the action of the iodine is much prolonged. It should be applied to the affected part and covered with gutta percha paper, to prevent evaporation and increase the perspiration of the part. It is left untouched for twenty-four hours, and the degree of reaction regulates its further application. The application of water will readily remove all traces of the solution. This solution occasions pain, which varies in intensity and duration according to the state of the diseased part and the sensitiveness of the patient. There has, however, never been any general inconvenience. On removing the application, the healthy skin has become brown, and the diseased parts paler than before. On ulcerated surfaces, no trace of iodine will be found two hours after its application. Sometimes its action has been so powerful as to produce phlyctene.

The results of Dr. Richter's experiments are, that this solution acts as a caustic; that it has really a heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphilitic ulcers—doubtful in primitive chancres and eczema, and useless in psoriasis.—*Werner Med. Wochenschrift.*

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*On the Local Employment of Chloroform in the Reduction of Dislocations.*—M. Orliac, a French provincial practitioner, relates two cases of recent dislocation of the shoulder, in which rapid and painless reduction was accomplished. This result he attributes to having surrounded the shoulder with, and placed in the axilla, compresses imbued with ten or twelve grammes of chloroform, these being applied two or three minutes prior to, and during the attempt at reduction. In this way, he ob-



serves, assistants may be dispensed with [an important matter in country practice], and pain be prevented, without any danger being incurred,—*Moniteur des Sciences Medicales*.

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*Perchloride of Iron in Diphtheritis.* By Dr. F. Isnard.—The following are the conclusions presented by Dr. Isnard, with which he closes his memoir on the nature and treatment of this disease:

Croup and *angina membranacea* are special inflammation of the fauces and air passages, with a peculiar alteration of their mucous membranes, which allows fibrino-albuminous products, formed at the expense of the elements of the blood, to transude in the form of pseudo-membranes.

They are always at the commencement, local affections. Diphtheritic affection is always consecutive, never primitive. The cause is the alteration and resorption of the pseudo-membraneous products, which is analogous to the purulent resorption that is always consecutive to a solution of continuity or to any inflammatory condition. The rapidity and importance of diphtheritic poisoning vary in accordance with a host of unknown conditions, among which the epidemic character plays a prominent part.

The false membrane, being the cause of all the grave phenomena which appear in the course of membranous affections, as much by its mechanical agency, (suffocation, asphyxia, &c.) as by its dynamic effects, resorption and diphtheritic poisoning, &c.) to prevent its formation, or to destroy it when formed, is the duty of therapeutics. The treatment is medical and surgical, or external. Rational medical treatment consists in putting the blood quickly in such a condition that its fibrino-albuminous elements cannot transude the mucous membranes, or that they shall not escape except in a form almost serous. Fluidifying and alterative agents have hitherto had the most reputation in the medical treatment of croup. But in general they act too slowly, too feebly, have the inconvenience of weakening the system, and without preventing entirely the danger of diphtheritis; hence they have been rejected. Of all these, tartar emetic in large doses, has produced the greatest number of cures.

Coagulating agents act more rapidly upon the blood, and have the advantage of removing none of its elements, and of preventing the ultimate accidents of membranous affections. In this class the perchloride of iron, by its harmlessness to the system and the promptitude of its action, merits the preference. It is the sheet-anchor of therapeutic in croup, a species of specific for that terrible disease.

The action of the chloride of lime in these diseases is triple;

1. Action on the blood, whose fibrino-albuminous elements it



makes more or less plastic, and makes it thus impossible for them to pass through the mucous respiratory surface; and afterwards, in infectious cases, to pass back into uriniferous tubes, solutions of cutaneous continuity, &c.

2. Action on the respiratory mucous membrane, whose fibrino-albuminous elements it plastifies, and closes up the organic tissue. In this way the mucous tissue becomes incapable of admitting the passage of the albuminoid principles of the blood.

3. Tonic action, strengthening the nervous system; an essential action, according to many physicians, but of secondary importance, in my opinion, in the treatment of croup.

The perchloride of iron should be administered as soon as possible after the inception of the disease, in large doses. It should be continued at all stages of the disease, both when false membranes are formed, and when the general infection is established. Under all these circumstances its action will be the same; an action rather physico-chemical on the elements of the blood and the respiratory mucous membrane, than dynamical on the nervous system.

The surgical and external treatment is also important. It consists in friction with croton oil on the neck, with revulsives to the extremities; cauterization of the false membranes at accessible points; inhalation of alkaline solutions; and, if necessary, tracheotomy. —*Am. Med. Monthly.*

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*Arsenious Acid in Apoplectic Congestions.* By Dr. Lamarc Picquet, of the Hospital of Honfleur.—The author gives as the result of his investigations on this subject the following conclusions: Apoplexy is essentially misunderstood, since the effusion of blood is only a secondary phenomenon. It is easy to master the preliminary symptoms of apoplexy, which is owing to an undue increase of blood globules. Arsenious acid is a valuable therapeutic resource in all congestions of the cerebral apoplectic form, since its first effect is to render the blood less rich in globules and less plastic. It is, however, indispensable, before the use of the agent, that the richness or condition of the blood should be determined, as, in case this fluid be poor in globules, the use of arsenious acid would increase such an abnormal condition.

The action of arsenious acid is connected so intimately with the digestive process, that it should be employed while one is at the table, in order to facilitate its assimilation. The agent should also be used some time after the cure is effected, in order to increase the probability of the duration of the cure. The agent, however, cannot be considered absolutely antidotal: and hence the physician must always consider the mode of living, idiosyncrasies, and pathological condition of the patient. The dose is usually from one-sixteenth to one-sixth grain a day.

*Treatment of Prolapsus of the Funus.*—Prolapsus of the funus is not an uncommon accident, and, without appropriate treatment, it is one that often results unfortunately to the life of the child and the hopes of the mother. Professor Mendenhall, of Cincinnati, applauds the treatment of this accident by the position of the mother; successful cases have been reported. In the "Lancet and Observer," for January, he reports another case, converted in a few moments, by this method, into a case of simple labor. He places the woman on her breast and knees, in which position the funis is readily replaced. The position may be maintained, if need be, until the presenting part occupies the pelvic strait. It is probable that the position need not be long maintained. Prof. Mendenhall concludes his paper with the following remark: "In view of the frequent fatality to the child of this complication, I deem a knowledge of its proper treatment a matter of great importance. I think with this knowledge that few, if any cases ought to result unfavorably to the child, and a resort to turning the child is seldom, if ever, necessary."

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*Arsenical Poisoning by Paper Hangings.*—Three children near Tipton have suffered from the arsenical emanations from a green bed room paper in a newly papered house. The symptoms were emaciation, pining, general restlessness, and twitching of the facial muscles. Dr. Belenden, observing these symptoms, concluded that they were suffering from the gradual effects of poisoning; and on being removed into another room, the children recovered. *London Lancet.*

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*Gelsemin.*—In the "Medical Press," for January 2d, Dr. B. Keith, of New York, has the following upon gelsemin; which article he says he has used daily for the last eight years: "For controlling fevers of every type and grade; to arrest hæmorrhage from the lungs, stomach, bowels, uterus, and urinary organs; in dysentery and bowel complaints; in spermatorrhœe, amaurosis, deafness, catarrhal affections, and hay fever, I have used the gelsemin successfully. A single half grain has arrested hæmorrhage from the lungs, when all other remedies known to me had failed. While experimenting with it to ascertain its power for arresting hæmorrhage, I gave to a lady who had been confined two days previous, one and a half grains during twenty-four hours, which amount completely arrested the hæmorrhage. I administered two grains, during the course of thirty-six hours, to a lady who had been suffering from uterine hæmorrhage for two months, and that small quantity completely stopped the flow. So effectual is it in this form of hæmorrhage, that I consider it quite a specific. In dysentery and

bowel complaints, I consider it the most valuable article in the *Materia Medica*. From one-tenth to one-eighth of one grain administered after each discharge, will shortly stop all hæmorrhage and traces of the disease." \* \* \* "In dry coughs, depend upon irritation of the throat, it is the most prompt agent I have ever used. In nausea and vomiting I have used it, many cases yielding to a single dose of one-fourth of one grain."

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*Hypophosphites in Phthisis.*—In the *Medical Press* for Jan. 14th, is published a letter from Dr. J. J. Campbell, of Brooklyn, to Dr. J. Winchester, reporting the effects of the hypophosphites of lime and soda in his own case. The night-sweats soon ceased to trouble, and the nervous system so improved as to permit sound and refreshing sleep. He says "When I commenced the use of this remedy, five weeks ago, I weighed only 147 lbs.; now I weigh 161 lbs., a slight increase over my usual weight. My appetite is good, I sleep well, and I feel as if I were going to live in spite of the formation of a cavity in the upper portion of my right lung." This is certainly an encouraging result of the new remedy. The hypophosphites are much more pleasant to take than cod-liver oil, and we hope the effects following its use may be a still more important improvement.—*American Medical Monthly*.

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*Gastrotomy.*—Some of our readers may remember that about five years ago Dr. John Bell, of Wapello, Iowa, reported, in the *Iowa Medical and Surgical Journal*, the extraction of a bar of lead from the stomach—the case being operated upon by himself, and resulting in recovery. The report of the case is produced in the *Boston Medical and Surgical Journal* for January 19th. The bar of lead was  $10\frac{1}{2}$  inches long, and weighed  $9\frac{1}{2}$  ounces. The incision into the stomach was made on the left anterior side, and about parallel with the pylorus. The patient made a good recovery, and was discharged on the 15th day after the operation.—*American Medical Monthly*.

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*Iodide of Potassium in Diseases of the Brain in Children.*—In the *Boston Medical and Surgical Journal* for January 19th, is an article upon the above subject, by John Coldstream, M.

D., &c. copied from the *Edinburg Medical and Surgical Journal*. Dr. Coldstream says that for more than twenty years he has used the iodide of potassium in brain disturbances of children particular in hydrocephalus. He says, "The results I have obtained have been so much more decidedly favorable than those which I had been accustomed to see under the employment of depletion, calomel, and purgatives, that I have been surprised to find comparatively few references to the treatment of diseases of the head by this agent in the more recent works on the practice of medicine. I have met with but a small number of practitioners who seem to recognize it as a remedy of marked efficacy." Following the above remarks, Dr. Coldstream makes allusion to, and quotes the opinions of those who have spoken well of this remedy in this class of diseases.

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*Puerperal Convulsions.*—In the *New York Monthly Review* &c., for January, Prof. White, of Buffalo, reports a case of puerperal convulsions of great severity, treated without blood-letting, but quite successfully, with chloroform, &c. "Dr. White thinks puerperal convulsions a disease *sui generis*, not apoplectic, nor epileptic; hence, bleeding is seldom necessary." \* \* \* "The puerperal convulsions is, no doubt, caused by some remote uterine irritation, perhaps uræmia, though the latter is not constant. This condition tends to develop convulsions. His theory is, that we should give chloroform and anodynes to relieve this irritable state of the system, to be followed by croton oil as a counter-irritant. This is easily administered, and acts as a powerful revulsive. He thought we should never arrive at a correct theory, or satisfactory treatment of this disease, until we change our notions in relation to the character of the seizures." We copy the above opinions with pleasure, corresponding, as they do, exactly with our own. We believe more women have died when in childbed from the lancet than from convulsions. Cases of puerperal convulsions probably do occur, requiring the abstraction of blood; upon this point we will not call in question the universal judgment of the profession, but we may be permitted to say that such we have never seen. In eleven years' experience we have never bled a case of puerperal convulsions, nor lost a woman in childbed. Eschewing the charge of egotism, we attribute this favorable issue rather to the casualties of good luck than to legitimate sequences of peculiarities of treatment.

*On the Use of Podophyllin and Leptandrin as a substitute for Mercurials in diseases of the Digestive Organs.*—Prof. Kirtland of the Cleveland Medical College, remarks in the *Medical Gazette* of March, that “Habit, and occasionally a favorable result, too frequently establish the use of mercurials as a routine, in disorders of the Digestive System, embracing the liver, stomach, alimentary canal, and to some extent the whole glandular structure.

That those preparations are often the most certain and potent means for correcting such disorders, is not to be denied; and I most certainly shall not assume the province of the professional demagogue to decry their use. It should, however, be recollected, that the best of remedies, injudiciously employed, will establish factitious disease, and that very many cases of Hepatic and Digestive derangements, organic and functional, can be traced for their origin to an indiscriminate or too long continued use of mercurials.

Such practice is liable to result in establishing an artificial action, which can only be sustained by a repetition of the same course of means. This artificial condition becomes as imperative in its demands for repetition, as does the abnormal thirst for alcohol, with the inebriate.

For the practitioner to be able to avoid such evils, is a desideratum which I hope and believe to be attainable.

During the last two years, I have in a great measure dispensed with the use of Calomel and Blue Mass in diseases of the aforementioned system, and have substituted therefor a combination of the resinoids of two indigenous plants, *to wit*: Podophyllum Peltatum, and Leptandria Virginica.

The former of these has long been known in popular practice, as the May-Apple or Mandrake, and its medicinal virtues have, perhaps, been more correctly estimated by irregular, than the regular profession.

Standard authors who have noticed it, have copied, one from another, a tissue of errors in regard to its properties, till it is now generally considered to be a mere drastic cathartic, resembling Jalap in its action. Experience has demonstrated to me that in *moderate and suitable* doses it is not drastic, but operates mildly, extensively and equally on the whole alimentary canal. At the same time it is as certain to reach the Liver and Bile-Cyst as is an equivalent dose of calomel, without inducing the sickness and depression which often attend the use of mercurials under such circumstances.

The brief treatise on this vegetable in Wood & Bache's Dispensatory, (8th edition) pages 556, 7 and 8, contains some valuable truths, with at least an equal amount of error. The

reputation of the *Podyphyllum* has been established by its abuse rather than judicious employment; a matter to which I shall again refer.

The latter, the *Leptandria Virginica* of modern Botanists, was formerly known as the *Veronica Virginica*, and in domestic medicine as the colored Physic root. I frequently prescribed it, forty years since, and more frequently observed its effects employed as a laxative and cathartic, as it then was extensively used by mothers and nurses, in bowel complaints of children. It seemed in its impression to resemble somewhat *Ipecacuanha* when administered in small and repeated doses: perhaps less nauseating and diaphoretic, and more laxative.

Both of these plants when prescribed in the form of either decoction or powder of the roots are objectionable, tending to offend the stomach; more from the stimulus of quantity than any medicinal quality. Modern Chemistry and Pharmacy have, however, obviated this objection, by furnishing their active principles in a concentrated form, which can be used in doses so small as not to offend the most sensitive stomach, and at the same time as powerful as the case requires.

My usual prescription for a laxative and aperient as an equivalent for one or two grains of calomel or five grains of blue mass, is the following:

℞ Podophyllin,  
Leptandrin, a. a. X grs.

Mix thoroughly—divide into XL powders.

Dose, one powder at bed-time: repeat as occasion may require.

Ale, coffee, or catawba wine forms a convenient and palatable vehicle.

The combination of these two articles was first suggested to me by my friend H. B. Wilcox, M. D., of La Porte Co., Indiana.

It will not be attempted in this communication to specify all the varied morbid conditions of the human system in which the above prescription may be employed, nor the modification and combinations with other agents that may be resorted to by the skilful practitioner to meet individual cases. All this he will readily discern from his knowledge of general principles.

The term *deobstruent*, to designate a class of remedies, is obsolete, yet the above combination of active medicinal principles seems in practice to entitle it to a place under such a head. It is milder, and at the same time more certain to bring into a healthy and active operation every part of the glandular system than any means of my acquaintance. Hence its use is readily



suggested in deficient or vitiated secretion of the liver, kidneys and uterine, with their associated morbid conditions.

A caution in regard to the dose of these agents, either single or combined, experience shows us to be requisite. On a recent occasion, an intelligent physician was condemning the Podophyllin as a harsh, drastic and irritating cathartic. The query was put to him, "In what dose do you administer it?" The reply was "About two grains; but I do not trouble myself to weigh such articles."

Dr. Zimmerman's Chapter "On False Experience in Medicine," is invaluable. It might be extensively illustrated with instances like the above.

One grain of Opium is a safe narcotic for an adult requiring such an article; but eight grains would destroy the same individual.

One-fourth of a grain of Podophyllin, mixed with an equal amount of Leptandrin, is a full dose for a laxative, but if multiplied by either four or eight, the remedy becomes drastic, harsh and irritating.

Then, again, the practice of portioning out by the eye these potent agents, is unsafe. The eyes, fingers, and judgment of the most experienced may err; but his well-balanced scales, like figures, will not deceive."

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*Veratrum Viride in cases of Children.*—The propriety of using "tinct. veratrum viride," in cases of children under two years old, is a question that has long been mooted by professional characters; and at the present day, at least in this section of South-western Georgia, when the action of that medicine is urgently and strenuously called for, the parents tell you, that Dr. so and so, says it is certain death, when given to children, indiscriminate of age.

Let their assertions be as they may, practical experience has proven to the contrary.

For the past few years I have had numerous cases among children, with which to contend. Some of them were of a highly inflammatory type, with the pulse ranging from 150 to 160, and the most certain remedy I have ever tried in controlling the excited circulation, was the "tinct. veratrum viride."

It did not only quell the agitated pulse, but it most generally checked the disease in its very commencement.

I have had considerable experience in the administration of "tinct. digitalis" in inflammatory diseases, with very bene-



ficial results, but yet, I cannot speak with as much confidence of the latter medicine, as I can of the former.

In the administration of "tinct. veratrum viride," there is a peculiarity that I have not seen noticed by any of our writers. It is this: when the pulse of an infant ranges from 150 to 160 beats to the minute, and the "veratrum" is administered in doses according to the age and idiosyncrasies, very frequently the pulse does not lessen in frequency; the patient becomes pale with flabby muscles, and with a profuse perspiration. It is then the inexperienced becomes alarmed, and believes his patient his tending to fatal collapse. And just so would it be, were not the proper counteracting remedies given. While you will observe all these dangerous symptoms supervening, pulse quick, &c., you will discover that its volume is measurably lessened, and now is your time to administer some stimulant, such as brandy, or syrup of ginger; I prefer the brandy. Give it in small doses, at intervals of from three to five minutes, until you perceive a change in the pulse.

Under such treatment you will find the pulse lessening in frequency and increasing in volume, fever subsiding, all symptoms assuming a favorable tendency, and your patient getting better. I have experienced this beneficial action so often, that I rely with great confidence on the use of "tinct. veratrum viride," in cases of children suffering from inflammatory affections, more especially pneumonia.—*Oglethorpe Med. & Surg. Journal*.

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*Illegitimacy in Scotland*.—This, it appears, increases gradually as we proceed northwards; and further, the proportion of illegitimate births in the country districts is considerably higher than in the town districts. In the 125 town districts, 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10.3 per cent. in the country districts.—*Med. Times and Gaz.*, March 10, 1860.

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*Holopathy*.—A distinguished physician of Paris, M. Marthal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy (holes, *entire*; pathos, *disease*.) M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favor their appearance. The lectures are creating some sensation in the French capital.—*Lancet*, March 10.

## EDITORIAL.

## CHICAGO MEDICAL JOURNAL AND THE STATE MEDICAL SOCIETY.

"THE ILLINOIS STATE MEDICAL SOCIETY AND THE NATIONAL ASSOCIATION.—At the last meeting of the Illinois State Medical Society a movement was made, looking to *reform* in the manner of electing the President of the National Association. A resolution relating to this matter was introduced, as was understood, at the instance of Dr. N. S. Davis, but did not pass. At present the Association has the right of choosing its officers from any part of the Union, although for obvious and proper reasons the Presidents have most frequently been taken from the State in which the meeting was held. Dr. Davis proposes to make a rule prohibiting such choice, and disfranchising the members of the profession in the particular State or city in which the meeting may be held, and urges his friends to rally and put it through.

This is an ingenious move. In the first place it might make his chances of election better at New Haven than they were at Washington and at Louisville, where he did not succeed. Secondly, if the Association should ever meet in this State it would prevent the election of any other person. If this resolution passes, the next move may be to invite the Association to Chicago, otherwise not.

It is melancholy to see so much attention paid to an unimportant matter, to the neglect of the scientific interest of the State and National Societies. But it is in accordance with the peculiar system of elevating the profession advocated in a certain set just at present.

For ourselves, we cannot but express a hope that our friends will, whenever consistent with their interests, attend these meetings, and that they will take pains to arrange, for the purpose of being communicated, any valuable facts or observations which may have occurred to them during the year. Thus interest may be added to the meetings, and value to the transactions."

The above taken from the *Chicago Medical Journal*, for April, 1860, makes the third time that the senior editor of that periodical has called the attention of his readers to the same subject, and each time repeating the same misrepresentations. And yet he carefully abstains from publishing the

*resolutions* alluded to, in the hope that a majority of his readers will thereby be prevented from detecting his mistatements. In the above article, Doctor Brainard, either directly expresses or plainly implies *three deliberate falsehoods*.

No. 1. "A resolution relating to this matter was introduced, as was understood, at the instance of Dr. N. S. Davis, but did not pass." Instead of originating with me, or being introduced "*at my instance*," it is well known that the resolutions originated with members of the Esculapian Society in the southern part of the State, and were introduced by Dr. T. D. Washburn, of Hillsboro, with whom I had never exchanged a word on the subject. Sometime previous to the last meeting of the State Society, I received a letter from Dr. D. W. Stormont, of Grandview, enclosing the preamble and resolutions in relation to the practice of electing the President of the American Medical Association *exclusively* from the city where the meeting was held, and asking my opinion of the propriety of having them presented to the State Society when it should meet. I wrote to Dr. Stormont, in reply, that the sentiments contained in the resolutions were correct, and suggested some verbal alterations in them; but also expressed the wish, that so far as myself was concerned, he would *not* have the subject brought before the State Society. The reason I gave was, that certain *jealous* individuals would immediately attribute the whole movement to me, and set up the pretense that it was in some way designed to favor my own election to the Presidency of the Association. From that time until they were introduced by Dr. Washburn, I neither saw nor heard anything more of the resolutions. Of the correctness of my *prediction* to Dr. Stormont, the members of the profession can now judge.

No. 2. "Dr. Davis proposes to make a rule *prohibiting* such choice, and *disfranchising* the members of the profession in the particular *State or city* in which the meeting may be held." Now read the resolution exactly as it was offered to the State Society and published in the Transactions, and see if a more bold and unblushing falsehood was ever penned?

"Therefore, *Resolved*, That in the opinion of this Society, *all the officers* of the Association should be *selected strictly with*

*reference to merit, and without any regard to their place of residence."* Having thus declared in the first resolution that the officers of the Association should be selected on the principle of MERIT alone, and without any regard to their residence, the mover, in the second resolution, directly condemns the practice, hitherto generally followed, of selecting the President "exclusively" from the profession of the city in which the annual meeting is held, and thereby leaves them simply on a perfect equality with the profession of every other city and State in the Union. The resolutions, instead of disfranchising, or in any way restricting the rights of the profession in any particular locality, were founded on the broadest principle of professional equality, and were designed directly to condemn a practice which had practically given to a very small portion of the profession a MONOPALY of the highest office in its gift. All this, the senior editor of the Chicago Medical Journal very well knew, for he had the printed resolutions directly at his hand when he wrote the above article. Can the profession place a shadow of confidence in any statement that may be made by a man who thus deliberately falsifies the doings of the State Society of which he is a member?

No. 3. "In the first place it might make *his* chances of election better at New Haven than they were at Washington and at Louisville, where he did not *succeed*." This paragraph plainly implies that at the meetings in Washington and Louisville, I was a candidate for the office of President of the Association, and *tried* to get the election; which is entirely incorrect. It is true that at Washington, it was said the *local* delegates from the profession there, would not agree on a candidate, and consequently that the name of no one in the District of Columbia would be presented to the nominating committee. On the supposition that such would be the case, several personal friends were kind enough to say to me that they would advocate my election to that office. But when the Nominating Committee met, the representative from the City of Washington was prepared to recommend a local candidate, and in accordance with previous custom he was nominated by the Committee. I neither solicited nor declined a

vote on the subject. At Louisville, I am not aware that my name was ever mentioned in connection with the office of President by any one. And if it will afford the senior editor of the *Chicago Medical Journal* any relief, I will hereby give him formal notice, that in case the American Medical Association will hold its meeting for 1861 in Chicago, I will certainly not be a candidate for the office of President, nor accept it if tendered to me by the Association.

With the last paragraph, in the article quoted from the *Chicago Medical Journal*, I cordially agree; and as the senior editor has furnished but ONE formal contribution to the Transactions of the American Medical Association during the THIRTEEN years of its existence; and ONE to the Transactions of our State Society during a like period, I hope he will set the example which he urges upon others.

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THE CHICAGO MEDICAL JOURNAL AND DR. E. B. WOLCOTT.

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The April number of the *Chicago Medical Journal*, contains a letter purporting to come from Milwaukee, and signed "Medicus." It is made up of some low and contemptible insinuations against the professional character of Dr. Wolcott. The writer, as is usual with men when conscious of being engaged in a mean act, endeavors to hide himself behind a fictitious signature. To publish *insinuations* derogatory to the character of another, which the author neither dare to assert as facts, nor subscribe his name to, has but one parallel in meanness, and that is, robbing a neighbor's hen-roost.

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**DISCONTINUANCE.** *The Peninsular and Independent*, a monthly Medical Journal, published at Detroit, has been discontinued for want of support.

AMERICAN MEDICAL ASSOCIATION.

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Before another number of the Examiner reaches its readers, the Annual Meeting of the Association will be in session at New Haven, Ct. The time appointed for the meeting is the first Tuesday in June. A more pleasant locality at that season of the year could scarcely be found on this continent, and we hope the profession of the North-West will be fully represented. A new method of business is to be inaugurated, and it is quite probable that the meeting will be more interesting and profitable than any that have preceded it. We see it intimated in one or two of our exchanges, that an attempt may be made to introduce some questions or topics calculated to stir up *sectional* feelings, having reference to the action of Southern Students in leaving Northern schools last winter.

We trust that these intimations are without the least foundation. Let politicians and divines wrangle about abstractions, until they separate on geographical lines if they will; but let the true physician know but one *section*, and that the wide world.


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TOBACCO, COFFEE AND TEA.

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The Dean of Carlisle states that 33,000,000 of pounds of Tobacco were consumed in England in the year 1859; and at an expense of \$40,000,000. It is estimated that the amount consumed in the United States is over 150,000,000 of pounds annually—and in the whole civilized world not less than 4,480,000,000 pounds, or 1,000,000 tons annually. It is further stated that 100,000,000 of the human race use tobacco.

The consumption of Coffee in the United States in 1859, was 251,000,000 pounds, and of Tea 36,000,000. Thus the people of the United States, in the single year 1859, paid for three articles, Tobacco, Coffee and Tea, not less than \$150,000,000. If we add to this the enormous expenditure for alcoholic beverages, we shall cease to wonder why the times are hard, and the moral sensibilities of a large portion of the race blunted.

 We have from time to time sent out a number of extra *Examiners*, and shall continue to do so until every member of the profession in the State has seen a copy of our publication. Those who do not desire to take the *Examiner*, will confer a favor upon the editors, by returning the number received, *with address*; or signify their wish by some other mode. Otherwise, the person receiving the *Examiner* might find that he is considered a subscriber. We wish to hear from every one received either "pro or con."

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*To the Medical Students of the United States of America.—*

I will give a Premium of \$250 for the ESSAY which shall be judged the best by Competent judges, on the Anatomy and Physiology of the Animal and Organic Nervous Systems. The Essays to be sent to me on or before the first of March, 1861.

I will likewise give a second premium of \$250 for the best Essay on the same subject. The essays to be sent in on or before the first of March, 1862.

The Medical Students who shall be declared the Successful Competitors, will be required to declare on their word and honor, that the Essays are their own productions; and that they have not been assisted by any legally qualified Medical man.

JOHN O'REILLY, M. D.,

230 Fourth Street,

March 8th, 1860.

Washington Square, New York.

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INDIANA STATE MEDICAL SOCIETY.

The annual meeting of the Indiana State Medical Society will be held on the third Tuesday in May, at Indianapolis.



# THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

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